

Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523 Phone: 706-776-7659 Fax: 706-754-7127

GENERAL APPLICATION INFORMATION

Applications may be submitted Monday – Thursday between 8:00 AM - 4:00 PM and Friday 8:00AM -2:00 PM

The following items must be received prior to processing all applications:

Application fees:

WATER TESTING	
Water Sample (includes one re-sample)	\$50.00

- A copy of the most recent recorded septic schematic associated with the property (if applicable)** should be submitted. Consult with our records division (Phone #:706-839-0258) to obtain a copy of all existing records.
- Well identification plate (if applicable);** Well identification plates assist in distinguishing one well from another during field assessments, and allows verification of the well to well records. Please consult with the well installer/company prior to supplying this information to the Health Authority.
- All Security/Gate codes** must also be provided prior to site assessment by the Health Authority.
- Domestic animals (e.g., dogs, cattle)** must be confined prior to evaluation by the Habersham County Environmental Health Department.
- Electrical components (i.e., power)** associated with the water supply must be fully operational prior to water analysis; Please consult with a licensed electrician regarding wiring and additional electrical components.
- On-site appointments** may be requested; applicants must provide a date and time to meet at the water sample site. Please be aware that unforeseen circumstances (e.g., inclement weather, scheduling conflicts) may result in additional turnaround time.

Note: Habersham County Environmental Health Department only tests individual wells for two types of bacteria—Coliform and *Escherichia coli* (E. Coli). Public water supplies are not tested by this Department. All samples must be collected and returned to the Health Department by the Environmental Health Specialist. Testing then takes at least 24 hours. Results and additional information will be provided initially by phone to the person indicated above. An official letter and sample report will be subsequently mailed, emailed or faxed as requested. For protection and disinfection instructions, please visit our website at: www.habershamga.com/environmental-health.

Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523 Phone: 706-776-7659 Fax: 706-754-7127

Water Sample Application

Date: _____

Well Water ID: _____

(For Department Use Only)

Property Owner's Name: _____

Property Owner's Address: _____

Reason for sample request: _____

Have you or someone you know previously requested a water sample for this location? YES NO UNSURE

If yes, please provide:

Previous Applicant(s) name(s): _____

Send sample results to: _____

Mailing Address: _____

Phone #: _____ Mobile/Alternative#: _____

Email: _____

Directions to property: GPS accessible or, please provide: _____

HABERSHAM COUNTY WATER ANALYSIS EVALUATION REQUEST

Division of Health Protection / Environmental Health / Land Use Program

Instructions: The applicant or authorized agent should provide as much information as possible on this form. It is the responsibility of the user of the well to have their private water supply tested. Testing should be carried out routinely once a year, particularly for bacteria and nitrates, to ensure the safety of your well water and to establish a record of well water quality. Testing for other contaminants should be done if there is reason to suspect their presence. Each time the well is tested, it is a snapshot in time. Developing a long-term record of testing will help determine if water quality is changing over time. Also remember that testing should be done any time there is a change in the taste, clarity or smell of your water. For additional testing, contact Habersham County Extension Service: 706-754-2318.

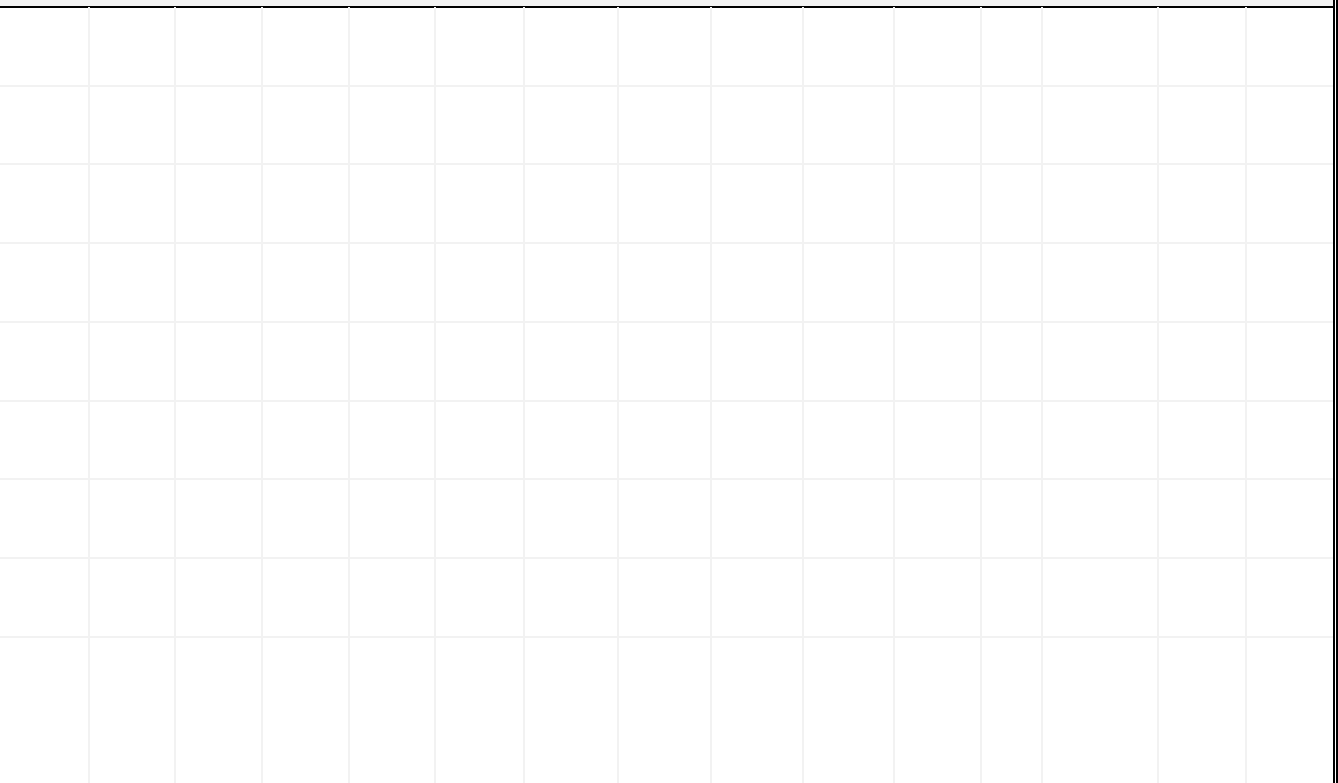
GENERAL INFORMATION

Gate Code (if applicable):	Would you like to schedule a site meeting prior to this evaluation? (please be aware that appointments may result in additional application review time) Y/N:	Are there any pets on the premises? Y/N:
-----------------------------------	--	---

Well Type (if applicable):
 Hand-Dug Bored Well Drilled Well

Water Supply: 1. Public <input type="checkbox"/> 2. Private Well <input type="checkbox"/> 3. Community Well <input type="checkbox"/> 4. Other: _____ <input type="checkbox"/>	Age of Well (if applicable): Well Contractor/Company:	Power supplied to facility and pump(s): Yes / No:
--	--	---

Sketch location of water source in relation to dwelling and/or property:



The above information as furnished is true and correct to the best of my knowledge. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for processing this application. The applicant and/or owner is responsible for adverse soil conditions, such as rock or water tables, encountered.

Signature of Applicant:

Applicant Name (print):	Date:
--------------------------------	--------------