

**Murray County Health Department**  
**Application For Existing System Evaluation**

DATE:	NUMBER: (TO BE ASSIGNED)		
PROPERTY OWNER:	PHONE:		
OWNER'S MAILING ADDRESS:			
APPLICANT:	PHONE:		
APPLICANT'S MAILING ADDRESS:			
PAST OWNERS (OWNER WHEN SYSTEM WAS INSTALLED):			
APPROXIMATE YEAR OF INSTALLATION (OR DECADE OF INSTALLATION):			
ADDRESS OF PROPERTY WHERE SEPTIC SYSTEM IS LOCATED:			
DIRECTIONS:			
REASON FOR REQUEST:			
TYPE OF DWELLING:	# OF BEDROOMS:	LOT SIZE:	
HOUSE DESIGN:	GROUND LEVEL	SPLIT LEVEL	BASEMENT
WATER SOURCE:	WELL	PUBLIC	COMMUNITY
SPRING			

SIGNATURE OF APPLICANT/OWNER: \_\_\_\_\_

#####

COMMENTS: SEE EVALUATION ON REVERSE SIDE

SIGNATURE OF INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

## Existing On-site Sewage Management System Performance Evaluation Report Form

Applicant:	[Redacted]	
Property/System Address:		
Subdivision Name: _____ Lot: _____ Block: _____		
Existing System Information: Water Supply (circle)		Number of Bedrooms/GPD: _____
(1) Public (2) Private Well (3) Community		Garbage Grinder: (circle)
*** One of Section A, B, or C should be Completed ***		

### SECTION A - System on Record

(1) Yes (2) No	Existing On-site Sewage Management System inspection records indicate that all components of the system were properly constructed and installed at the time of the original inspection.		Comments:
(1) Yes (2) No	A copy of the original On-site Sewage Management System inspection Report is attached.		
(1) Yes (2) No	Maintenance records indicate that the system has been pumped out or serviced within the last five (5) years or the system was installed within that time frame.		
(1) Yes (2) No	A site evaluation of the system on this date revealed no evidence of system failure or of conditions which would adversely affect the functioning of the system.		
Evaluating Environmentalist:		Title: _____	Date: _____
SECTION B - System Not on Record			

(1) Yes (2) No	No inspection records are on file showing the On-site Sewage Management System was inspected and approved at the time of the installation.		Comments:
(1) Yes (2) No	The septic tank was uncovered at the time of the evaluation and it appears to meet the required design, construction and installation criteria.		
(1) Yes (2) No	Documentation from a Georgia Certified Installer has been provided as to the condition of the septic tank and its respective components, certifying its design, construction, and installation criteria. A copy is attached.		
(1) Yes (2) No	Maintenance records indicate that the system has been pumped out or serviced within the last five (5) years or the system was installed within that time frame.		
(1) Yes (2) No	A site evaluation of the system on this date revealed no evidence of system failure or of conditions which would adversely affect the functioning of the system; however, appropriateness of the sizing and installation cannot be verified since no initial inspection records exist.		
Evaluating Environmentalist:		Title: _____	Date: _____
SECTION C - System Not Approved			

(1) Yes (2) No	The On-site Sewage Management System was disapproved at the time of the initial and is thus not considered an approved system.		Comments:
(1) Yes (2) No	Evaluation of the system revealed evidence of system failure or malfunction, and will therefore require corrective action in order to obtain approval of the system.		
(1) Yes (2) No	Evaluation of the system revealed conditions which would adversely affect the proper functioning of the system, and will therefore require corrective action in order to obtain approval of the system.		
Evaluating Environmentalist:		Title: _____	Date: _____
SECTION D - Addition to Property or Relocation of Home (section completed in conjunction with A, B, or C above)			

(1) Yes (2) No	An existing On-site Sewage Management System is located on the property listed above and has been evaluated in accordance with Section A or B above.		Comments:
(1) Yes (2) No	A site evaluation on this date as well as the provided information indicate that the proposed construction to home or property or that the proposed relocation of the home should not adversely affect the proper functioning of the existing system provided that no additional sewage load is added to the system for the listed size home adjacent.		
Evaluating Environmentalist:		Title: _____	Date: _____
Number of Bedrooms/GPD: _____ Garbage Grinder: (circle)			
		(1) Yes (2) No	
I verify this data to be correct at the time of the evaluation. This verification shall not be construed as a guarantee of the proper functioning of this system for any given period of time. No liability is assumed for future damages that may be caused by malfunction.			