**CHATTANNOOGA-HAMILTON COUNTY HEALTH DEPARTMENT**
**DIVISION OF ENVIRONMENTAL HEALTH**

**Application for Inspection Letter / Water Sample**

| | APPLICANT COMPLETE QUESTIONS: | FEES DUE |
|---|---|---|
| **I**. SERVICE REQUESTED: (check service) | | |
| Inspection Letter | 2, 3, 5, 7, 8, 9 | $_____ |
| Water Sample | 2, 3, 6, 7, 8, 9 | $_____ |

2. **APPLICANT**

Name:_____ Daytime phone #:_____

Address:_____ Fax #:_____

City, State, Zip:_____ Email:_____

**3.** **ADDRESS OF** PROPERTY:_____

a) Give specific directions to lot:_____

_____

_____

**5.** **FOR INSPECTION LETTER ONLY**: Will pick up_____ Please mail_____

a) Age of house_____ b) Is house vacant_____ If yes, how long_____

6. FOR WATER SAMPLE ONLY: a) Source of supply: Spring_____ Well_____

**7. MAKE A ROUGH SKETCH ON BACK OF TI{IS PAGE SItOV~2hrG DIRECTIONS TO PROPERTY, PROPERTY LINES, [lOUSE SITE, WELL LOCATION, SPRING LOCATION', AND ALL DRIVEWAYS, DECKS, POOLS, UTILITIES, ETC.**

8. **ALL FEES ARE DUE IN ADVANCE**.
Make check payable to: Chattanooga-Hamilton County Health Department.

9. I certify that the above information is true and correct to the best of my knowledge, and that I have been authorized to submit this Application for Environmental Services to the Division of Groundwater Protection.

DATE:_____ SIGNATURE_____ AMOUNT PAID_____RECEIPT #_____