

# LEE COUNTY HEALTH DEPARTMENT Proposed Well/Septic Site Diagram Form

Property Owner Name: \_\_\_\_\_

Please include the following locations but not limited to:

- 1. Well/septic distance to each other
- 2. Well/septic distance to neighboring well/septic
- 3. Structure distance to well/septic
- 4. Lake/pond distance to well/septic
- 5. Any other potential contamination site

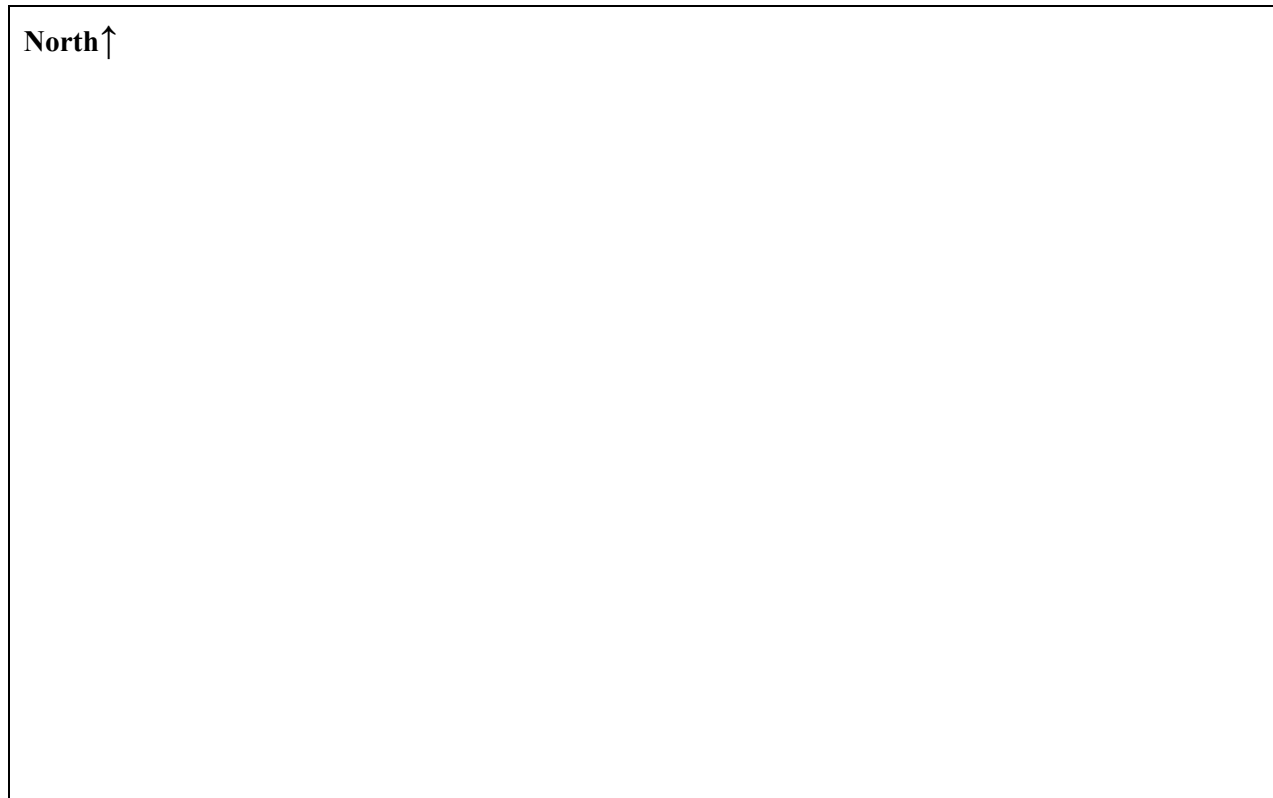
If a septic

- 6. Length of lines
- 7. Distance to property lines
- 8. Distance to water lines

Directions to site:

\_\_\_\_\_  
\_\_\_\_\_

North ↑



Permit No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor/Homeowner  
Date: \_\_\_\_\_  
EH/septic/well septic site diagram 11/05

\_\_\_\_\_  
Approved by Health Department  
Date: \_\_\_\_\_