

Oconee County Environmental Health Services Subdivision Application

Subdivision Name: _____

Location: _____

Engineer/Surveyor Name:

Owner's Name: _____

24 Hour Contact: _____ Phone: _____

Address: _____ City: _____ Zip _____

Number of Lots: _____

Water System: Public _____ Individual wells _____ *Community well _____

Are all lots three (3) acres or greater? ^YES _____ NO _____

^If YES, large lot subdivision regulations apply. Contact Oconee Co.
Environmental Health Services for requirements.

Department Use

<u>Requirement Item</u>	<u>Date Received</u>	<u>Rec'd By- Initials</u>
1. Vicinity Map	_____	_____
2. Subdivision Map	_____	_____
3. Topographical Plat	_____	_____
4. Original Red-Stamped Soils Map	_____	_____
5. Soils Overlay Map (Include table of sq. footage of useable soil per lot)	_____	_____
6. *EPD Water Approval (if community well)	_____	_____

Fees Paid

Amount: _____ Check Number: _____ Date: _____

Received By: _____

*****ALL ITEMS MUST BE RECEIVED BEFORE REVIEW BEGINS*****