

**Oconee County Environmental Health
Site Evaluation Request**

Subdivision _____ Lot# _____ Block _____ Acreage _____

Street Address _____ Zip Code: _____ **(Directions on back)**

Water supply: Public _____ Indiv. Well _____ Number of Bedrooms _____ Garbage Disposal Y / N _____

Type of Facility _____ (ex: single family, multi-family, barn, commercial-type)

House design (check one): Slab _____ Crawl Space _____ Split level _____ Basement _____ Other _____

Plumbing stub out location (check one): Slab _____ Crawl Space _____ Split level _____ Basement _____

Type of on-site sewage management system requested (indicate one): Conventional Drain Field _____

*Alternative on-site sewage management system _____

(Specify System Requested)

*I have applied to install the alternative on-site sewage management system as indicated above. I have chosen to use this system in accordance with the manufacturer's installation and design requirements. The grant of a permit by the county board of health for the installation of any on-site sewage management system does not constitute a warranty or endorsement.

The following information must be provided 1) lot sketch showing lot dimensions, proposed building location/dimensions, proposed building line and side line distances; 2) street or road name; 3) well location if applicable and well locations on adjacent property; 4) driveway, patio, or other paved surfaces; 5) underground utilities; 6) plumbing stub out and proposed drainfield location; 7) location of easements and flood plain

Sketch
Building Site MUST be staked out PRIOR to site visit
\$250 re-inspection fee if site is NOT staked out

The above information as furnished is true and correct to the best of my knowledge. I hereby apply for an on-site sewage management system construction permit and inspection of that system based on this information. The applicant/owner is responsible for adverse soil conditions, such as rock or water tables encountered. If the number of bedrooms changes after the application or permit issuance, the builder/owner is responsible to inform the health department so the system is adequately sized for the correct number of bedroom in the house.

Owner's name _____ Owner's Address _____ Phone # _____

Applicant's Name _____ Applicant's Mailing Address _____ Email _____ Daytime Phone # _____

Signature _____ Date of Application _____

Fee amount paid _____ csh / chk / chrg Received by _____ Date _____

Date of evaluation _____ EHS _____ Approved _____ Disapproved _____ TIF _____ 8/13/2020