

Oconee County Health Department Request for Service

A sketch or plans detailing all proposed additions is required at time of application. A copy of the recorded plat is needed at time of submittal. Please provide dimensions and stake out additions onsite. Site evaluations will be conducted within 20 business days of completed applications. Expedited site evaluations will be conducted within 10 business days of completed applications.

Requesting Persons Name: _____ Phone # _____

Email Address: _____

Property Owners Name: _____ Phone # _____

Property Address: _____

Subdivision Name: _____ Lot/Block# _____

Bedrooms: _____ Garbage Disposal: Yes _____ No _____ Lot Size: _____ Water Supply: Individual well _____ Public: _____

Please check reason for request:

___ Bedroom Addition : Number being added _____ Total Number of bedrooms after addition _____
(May result in additional fees and additional septic drain lines may be required)

___ Carport/Garage (please circle) _____ Deck/Porch/Bathroom (please circle) *(Provide sketch w/distances to lines & tank.)*

___ Pool Addition: Size of Pool _____ *(Provide sketch of site, pool/deck dimensions, & distance from building, lines & tank.)*

___ Moving in mobile/modular home
(May result in additional fees/septic drain line may be required if # bedrooms exceed the capacity of the septic system)

___ Water Sample (well water supply only) **(Total and Fecal Coliform – bacteria- test ONLY) (Monday-Thursdays only)**

___ Site Evaluation for Plat Signing: Number of Lots on Plat _____ Number of lots with Existing Septic Systems _____

___ Purchase/refinance/selling home/loan closing
(Required: Proof the septic tank has been pumped /serviced within the last 5 years before an existing system evaluation is complete)

___ Adoption: Private or State (please circle one)

___ Other-please describe in detail _____

PLEASE NOTE: If the Environmental Health Department does **NOT** have an approved septic drawing on file, proof that the septic tank has been pumped/serviced within the last 5 years is required.

Fees:

___ Residential Evaluation Fee \$175.00 ___ Septic Modification Fee \$175.00

___ Commercial Evaluation Fee \$400.00

___ Site Evaluation for Plat Signing Fee \$100.00/lot ___ Lots with Existing Septic Systems Fee \$175.00/lot

___ Signature Fee \$50.00

___ Expedited – Priority Service- Fee **ADDITIONAL** \$400.00 (consult with EH for availability) (10 business days)

___ Water Sample (Residential-Homeowner use only, bottle provided and homeowner collects the water sample) Fee \$40.00

___ Water Sample (Water sample taken by the health department and a letter is provided) Fee \$200.00

___ Expedited – Priority Service for Water Sample Fee **ADDITIONAL** \$100.00

-----DEPARTMENT USE ONLY-----

AMOUNT PAID _____ RECEIVED BY _____ DATE _____