

**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 \_\_\_\_\_ chk / chrg \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

Date of evaluation \_\_\_\_\_ EHS \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ TIF \_\_\_\_\_ 12/5/2023