

# 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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot/Block# \_\_\_\_\_

# Bedrooms: \_\_\_\_\_ Garbage Disposal: Yes \_\_\_\_\_ No \_\_\_\_\_ Lot Size: \_\_\_\_\_ Water Supply: Individual well \_\_\_\_\_ Public: \_\_\_\_\_

**Please check reason for request: (Building Site MUST be staked THE SAME DAY of this application - \$250 re-inspection fee if site is NOT staked)**

**\*\*\*\*PLEASE PROVIDE A FLOOR PLAN (can be hand sketched)\*\*\*\***

\_\_\_ 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 Proof of pump out attached \_\_\_\_\_

*(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) Proof of pump out attached \_\_\_\_\_

*(Required: Proof the septic tank has been pumped /serviced within the last 5 years before an existing system evaluation is complete)*

\_\_\_ Cottage Food Proof of pump out attached \_\_\_\_\_

*(Required: Proof the septic tank has been pumped /serviced within the last 5 years before an existing system evaluation is complete)*

\_\_\_ 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 \$225.00

\_\_\_ Commercial Evaluation Fee \$450.00 \_\_\_ Commercial Site Plan Fee (based on gpd)

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

\_\_\_ Signature Fee \$50.00 \_\_\_ Lots with Existing Commercial Septic Systems Fee \$450/lot

\_\_\_ 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 \$300.00

**AMOUNT PAID** \_\_\_\_\_ **RECEIVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_