

# Jackson County Environmental Health

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## JACKSON COUNTY RESIDENTIAL SITE EVALUATION REQUEST

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ Zip: \_\_\_\_\_

Lot Size (acres or sq ft): \_\_\_\_\_ Water Supply (check one):  Public  Well

Number of Bedrooms: \_\_\_\_\_ Garbage Disposal? (Y/N): \_\_\_\_\_

House Design (check one):  Slab  Crawl Space  Basement  Other

Stub Out Location (check one):  Slab  Crawl Space  Basement  Other

Type of drain field product requested: \_\_\_\_\_

\*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 drain field location; 7) location of easements and flood plain

### SKETCH

Building site **MUST** be staked out prior to site visit. Date to be staked out: \_\_\_\_\_

Use reverse side if additional space is needed.

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 bedrooms in the house.

Owner's Name \_\_\_\_\_ Owner's Address \_\_\_\_\_ Owner's Phone # \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

-----OFFICE USE ONLY-----

Fee amount Paid:  \$275  \$325  \$75  \$50 Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Soil Report  Plat  Site Plan  Level 4 Evaluated By: \_\_\_\_\_ Date: \_\_\_\_\_