

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: _____