



# Barrow County Environmental Health

P.O. Box 1099 or 10 West Williams St.  
Winder, Georgia 30680 • 770-307-3502 • FAX 770-307-3835

## COMMERCIAL SITE EVALUATION REQUEST FORM

Name of Business/Institution \_\_\_\_\_ Lot \_\_\_\_\_ Acreage \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Water Supply, (check one) Public \_\_\_\_\_ Individual \_\_\_\_\_ Community \_\_\_\_\_

Intended Use of Building \_\_\_\_\_ Number of Employees \_\_\_\_\_

Number of Restrooms \_\_\_\_\_ Square footage of building \_\_\_\_\_

Type of System (check one) Conventional \_\_\_\_\_ Other (specify) \_\_\_\_\_

**The following must be provided by the owner or builder:**

- (1) Site plan from State approved engineer drawn to a minimum 1" - 30' scale.
- (2) Level HI soil map and 2' contours overlaid on site plan with soil report.
- (3) Recorded plat of property.

**The above information as furnished is true and correct to the best of my knowledge; therefore, I hereby apply for a building and an on-site sewage management system inspected based upon this information.**

Owners / Buyer's Name \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Application \_\_\_\_\_ Builder \_\_\_\_\_ Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner / Buyer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**( Department Use Only )**

**Recorded Plat** \_\_\_\_\_

**Original Level III Soil Report** \_\_\_\_\_

**Site Plan** \_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Inspector \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conventional System \_\_\_\_\_ Other \_\_\_\_\_

Fee Paid Amount \$ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_