

**Barrow County Environmental Health
Site Evaluation Form**

Subdivision _____ Lot _____ Block _____ Acreage _____

Street Address _____ (Directions on Back)

Water Supply: Public _____ Ind. Well _____ Number of Bedrooms _____ Garbage Disposal _____

House Design (Check one) Slab _____ Crawl Space _____ Split Level _____ Basement _____ Other _____
(Specify)

Plumbing Stub Out Location (Check one) Slab _____ Crawl Space _____ Split Level _____ Basement _____

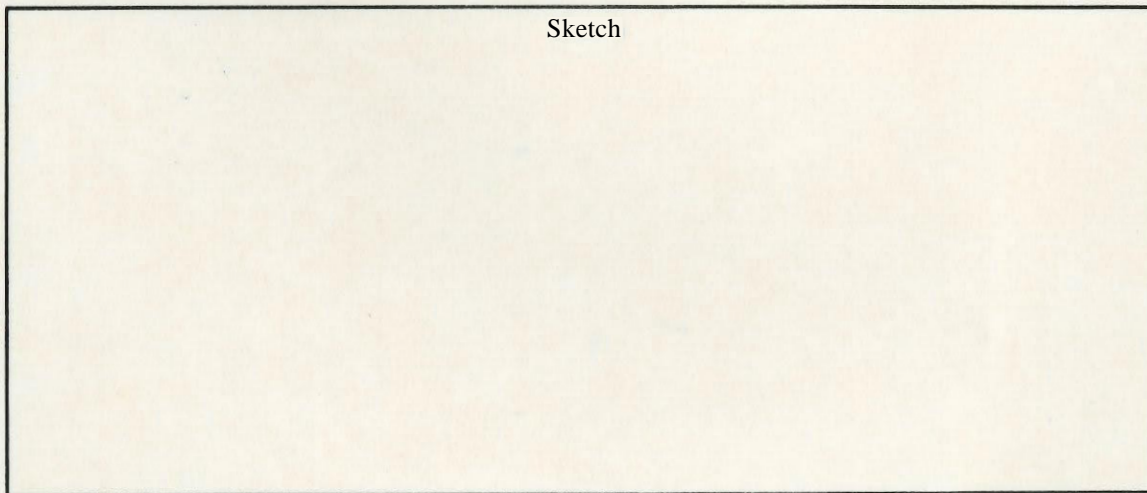
Type of On Site Sewage Management System Requested (indicate one): Conventional Septic Tank System _____

* 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



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 upon this information. The applicant and/or owner is responsible for adverse soil conditions, such as rock or water tables, encountered.

Owner's name _____ Owner's address _____ Phone # _____

Applicant's name _____ Applicant's address _____ Phone # _____

Signature _____ Date of application _____

Fee Amount Paid _____ Received by _____ Date _____

Date of evaluation _____ EHS _____ Approved _____ Disapproved _____