Walton County Environmental Health Site Evaluation Form

Subdivision		Lot	Block	Acreage
Street Address			City	
Water Supply: Public Ind. Well Number of Bedrooms Garbage Disposal Y/N				
House Design (Check o	one) Slab Crawl Space	Split Level_	Basement	Other (Specify)
Plumbing Stub Out Loc	cation (Check one) Slab	Crawl Space	Split Level	
Type of On Site Sewag	e Management System reques	sted (indicate or	ne): Gravel	Chamber
Alternative On Site Sev	wage Management System	(Specific Suct	tom Doguested)	
(Specify System Requested) 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.				
distances; 2) street or road nar	. ,	locations on adjacent	property; 4) driveway, p	nsions, proposed building line and side line oatio or other paved surfaces; 5) underground
		Sketch		
(Building Site MUST be staked out PRIOR to site visit)				
and inspection of that system I		nt and/or owner is re	sponsible for adverse so	wage management system construction permit il conditions; such as rock or water tables, nsible for informing the office.
Owner's Name	Owner's Address			Phone #
Applicant's Name	Email Address			Daytime Phone #
Signature		Date of Application		
Fee Amount Paid	(Check/Charge) Received by	/		Date
Date of Evaluation	EHS		Approved	Disapproved