

**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 \_\_\_\_\_