



**Turner County Health Department**  
 745 Hudson Avenue • PO Box 614 • Ashburn, Georgia 31714  
 Phone: (229) 238-9595 • Fax: (229) 567-3947  
 www.southhealthdistrict.com/turner

**APPLICATION FOR APPROVAL FOR COMMERCIAL SITE EVALUATION  
 FOR AN ON-SITE SEWAGE MANAGEMENT SYSTEM**

Property Owner Name	Phone Number(s)
Address of Property Owner	CITY STATE_ _ZIP
Applicant's Name	Phone Number(s)
Applicant's Address	CITY STATE_ _ZIP
Location of Property: i.e. Subdivision (Block & Lot Number): _____	
Street Address: _____ CITY _____ STATE _____ ZIP _____	
Directions to Property:	
Lot Size: _____ Acre(s) _____ Square Feet <input type="checkbox"/> Mobile Home <input type="checkbox"/> House <input type="checkbox"/> Other	
Description of business conducted at facility:	
Detail all expected water uses ( <b>include any hazardous waste; hazardous waste disposal required DNR permit</b> ):	
Seating Capacity: _____ *Maximum number of employees/personnel: _____ Business days & hours _____	
* The water system must have a DNR permit and approval when drinking water is provided to 25 or more persons.	
Water supply (Check one):    Public <input type="checkbox"/> Individual <input type="checkbox"/> Will you need to drill a well?    Yes <input type="checkbox"/> No <input type="checkbox"/> Existing <input type="checkbox"/>	
Expected water flow (gallons/day): _____                      If > 2,000 gpd, plans must be drawn by an engineer	
Submit this application form along with the site evaluation fee, a plat of the property, a copy of the floor plan, and a sketch or building site plan which shows: lot dimensions; building location and dimensions, original grade, final floor elevation, proposed stub-out elevation; distances from property lines to building; location of drives, parking areas, swimming pools and outbuildings; location of ponds, streams, swamps or other drainage ways; and location of wells on property and within 100 ft. of property lines. Lot corners and building location must be staked prior to the site evaluation. When all of the above have been submitted/completed, contact the local Environmental Health for a site evaluation appointment.	
I hereby authorize the County Board of Health to conduct a site evaluation on this property for the purpose of determining its suitability for the development with an on-site sewage management system to serve the facility described on this application.	
_____ Signature (Owner or Applicant)	_____ Date



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**ON-SITE SEWAGE DISPOSAL SYSTEM  
COMMERCIAL PROPERTY PERMITTING CHECKLIST**

- 1. Site Plan to include the following:
  - A: Property lines and lot areas
  - B: Topographic layout if needed
  - C: Water system plan and location
  - D: Proposed sewage disposal system and alternate drain field area
  - E: Roads and Parking areas
  - F: Buildings and proposed future expansions
  - G: Original and proposed finished grades (cut and fill)
  - H: Proposed finish floor level and plumbing stub out location and elevation
  
- 2. DNR approval of water system if 25 or more people are to be served
  
- 3. Written statement of project proposal stating:
  - A: Nature of business
  - B: Hours per day and days per week of operation
  - C: Maximum number of seats, spaces, employees, customers or other measures of projected sewage flow.
  
- 4. Approval of Zoning Office
  
- 5. Approval of Planning Commission