



Tift County Environmental Health
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TIFT COUNTY SITE EVALUATION REQUEST FOR COMMERCIAL ON-SITE SEWAGE MANAGEMENT SYSTEMS

Property Owner Information	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Applicant Information (if different from owner)	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Location of Property	Subdivision Block & Lot Number: _____ Street Address: _____ City: _____ State: _____ Zip: _____
Directions to Property	_____ _____ _____
Property Information:	Lot Size: _____ (Acres/Sq.ft.) <input type="checkbox"/> Mobile Home <input type="checkbox"/> House <input type="checkbox"/> Other _____

* Description of business conducted at facility: _____

* Detail all expected water uses (**include any hazardous waste; hazardous waste disposal required DNR permit**): _____

* Water supply (check one): Public Individual * Will you need to drill a well? Yes No

* Expected water flow (gallons/day): _____ **If >2,000 gpd, plans must be drawn by an engineer.**

* Seating capacity: _____ * Maximum number of employees/personnel: _____

* Business days & hours: M _____ T _____ W _____ T _____ F _____ S _____ S _____

The water system must have a DNR permit and approval when drinking water is provided to 25 or more persons.

Submit this application form along with **1)** the site evaluation fee, **2)** a plat of the property, **3)** a copy of the floor plan, and **4)** 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 completed/submitted, contact the local Environmental Health Office 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 development with an on-site sewage management system to serve the facility described on this application.

Signature (Owner or Applicant): _____ **Date:** _____

**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