

County Health Department On-Site Sewage Application

New System Permit

Repair Permit

Existing System Evaluation

<p>OWNER INFORMATION</p> <p>Name: _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone (____) _____</p> <p>Cell Phone (____) _____</p> <p>Fax(____) _____</p> <p>Email _____</p>	<p>APPLICANT INFORMATION</p> <p>Name: _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone (____) _____</p> <p>Cell Phone (____) _____</p> <p>Fax(____) _____</p> <p>Email _____</p>
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PROPERTY INFORMATION

PARCEL#/TAX MAP _____ LOT SIZE _____ SUBDIVISION _____ LOT# _____

911 ADDRESS _____ CITY _____ ZIP _____

NUMBER OF BEDROOMS _____ NUMBER OF GALLONS PER DAY (IF COMMERCIAL) _____ GARBAGE DISPOSAL YES NO

TYPE OF DWELLING Single Family Multi-Family Commercial WATER SUPPLY Public Private Well Community

TYPE OF STRUCTURE Stick Built Mobile Home Other _____ FOUNDATION Slab Crawlspace Basement

IS THE HOUSE SITE STAKED Yes No FAILURE TO STAKE CAN RESULT IN A REEVALUATION FEE IS THE SITE CLEARED Yes No

PERMISSION TO ENTER PROPERTY FENCE WITH GATE/CODE _____ ANIMALS ON PROPERTY

DIRECTIONS TO PROPERTY

FOR EXISTING SYSTEM EVALUATIONS AND REPAIRS

YEAR OF SEPTIC INSTALLATION _____ YEAR OF HOME CONSTRUCTION _____

ORIGINAL OWNER'S NAME _____ WHEN WAS THE TANK LAST SERVICED/PUMPED _____

DRAW LOCATION OF SEPTIC TANK AND SYSTEM IN RELATION TO HOME ON ATTACHED SITE PLAN

FOR EXISTING SYSTEM EVALUATIONS

REASON FOR AN EXISTING SYSTEM EVALUATION

Home Addition Structure or Pool Addition to Property Loan Closing for Home Sale Foster Home/Adoption/Group Home

Electrical Permit New Home Mobile Home Relocation Health Department or Department of Agriculture Related Facility

Other _____

SITE PLAN/SKETCH OF PROPERTY:

Please sketch the proposed layout of your property. The sketch must include: Proposed building location, Street or road name, Well location, Proposed tank and drainfield location, Proposed swimming pool, Driveways, Walkways, Sheds, Barns, Car ports, Porches, and/or any other structures.

ANY DEVIATIONS FROM THE SUBMITTED PLAN COULD RESULT IN PERMIT DENIAL OR REVOCATION

I hereby apply for a construction permit to install or construct an on-site sewage management system and agree that the system will be installed to conform to the requirements of the Rules and Regulations of the Georgia Department of Public Health Chapter 511-3-1. By signing below, I verify that the information submitted with this application is true and correct. I understand that final inspection of the system is required and I or my contractor will notify the County Health Department upon the completion of construction and before applying final cover. The permit expires 12 months from the date of issue. Issuance of a construction permit for an on-site sewage management system and subsequent approval of the same by representatives of the Georgia Department of Public Health and County Board of Health shall not be construed as guarantee that such systems will function satisfactorily for a given period of time. Furthermore, said representatives do not, by any action taken in enforcing compliance with these rules assume any liability for damages which are caused by the malfunction of such systems. Any grading, filling, or other landscaping subsequent to issuance of a permit and/or after system installation may render permit void. Failure to follow submitted site plan may render permit void. Installation contractor is responsible for locating proper system setbacks and distances from wells, wetlands, bodies of water, structures, property lines etc. as stated in Chapter 511-3-1.

OWNER/APPLICANT SIGNATURE _____

DATE _____

OWNER/APPLICANT (PRINTED NAME) _____

*It is advised to check with local zoning /covenants to ensure that your property is zoned for what you intend to build.