

**Georgia Department of Public Health
APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL
For On-Site Sewage Management System**

COUNTY:	SUBDIVISION:	LOT NUMBER:	BLOCK:
PROPERTY LOCATION (STREET ADDRESS):			

I hereby apply for a construction permit to install an On-Site Sewage Management System and agree that the system will be installed to conform to the requirements of the rules of the Georgia Department of Human Resources, Chapter 290-5-26. By my signature, I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover material to the system.

PROPERTY OWNER'S/AUTHORIZED AGENT'S SIGNATURE:	DATE:	
PROPERTY OWNER'S NAME:	PHONE NUMBER:	ALTERNATE PHONE NUMBER:
PROPERTY OWNER'S ADDRESS:		
AUTHORIZED AGENT'S NAME (IF OTHER THAN OWNER):	ADDRESS:	PHONE NUMBER:

Section A – General Information

1. REQUIRED SETBACK FROM RECEIVING BODIES (wells, lakes, sinkholes, streams, etc.) EVALUATED: (1) Yes (2) No	5. TYPE OF STRUCTURE (single/multi-family residence, commercial, restaurant, etc.):	9. SOIL SERIES (e.g. Pacolet, Orangeburg, etc.):
2. WATER SUPPLY: (1) Public (2) Private (3) Community	6. WATER USAGE BY: (1) Bedroom Numbers (2) Gallons per Day	10. PERCOLATION RATE / HYDRAULIC LOADING RATE:
3. SEWAGE SYSTEM TO BE PERMITTED: (1) New (2) Repair (3) Addition	7. NO. OF BEDROOMS / GPD:	11. RESTRICTIVE SOIL HORIZON DEPTH (INCHES):
4. LOT SIZE (SQUARE FEET / ACRES):	8. LEVEL OF PLUMBING OUTLET: (1) Ground Level (2) Basement (3) Above Ground Level	12. SOIL TEST PERFORMED BY:

Section B – Primary / Pretreatment

1. DISPOSAL METHOD: (1) Septic Tank (2) Privy (3) Aerobic Unit (4) Other:	3. SEPTIC TANK CAPACITY (GALLONS):	4. AEROBIC UNIT CAPACITY (GALLONS):	5. DOSING TANK CAPACITY (GALLONS):	6. GREASE TRAP CAPACITY (GALLONS):
2. GARBAGE DISPOSAL: (1) Yes (2) No	7. PRESCRIBED TANK LOCATION / REMARKS:			

Section C – Secondary Treatment

1. ABSORPTION FIELD DESIGN: (1) Level Field (2) Serial (3) Drip (4) Distribution Box (5) Mound / Area Fill	4. TOTAL ABSORPTION FIELD SQUARE FEET REQUIRED:	7. NUMBER OF ABSORPTION TRENCHES:
2. ABSORPTION FIELD PRODUCT:	5. TOTAL ABSORPTION FIELD LINEAR FEET REQUIRED:	8. SPECIFIED LENGTH OF ABSORPTION TRENCHES:
3. AGGREGATE DEPTH (inches):	6. DEPTH OF ABSORPTION TRENCHES (range in inches):	9. DISTANCE BETWEEN ABSORPTION TRENCHES:
10. PRESCRIBED ABSORPTION FIELD LOCATION:		

Permit

A PERMIT IS HEREBY GRANTED TO INSTALL THE ON-SITE SEWAGE MANAGEMENT SYSTEM DESCRIBED ABOVE. THIS PERMIT IS NOT VALID UNLESS PROPERLY SIGNED BELOW. THIS PERMIT EXPIRES TWELVE (12) MONTHS FROM DATE OF ISSUANCE.

ANY GRADING, FILLING, OR OTHER LANDSCAPING SUBSEQUENT TO ISSUANCE OF A PERMIT MAY RENDER PERMIT VOID. FAILURE TO FOLLOW SITE PLAN MAY RENDER PERMIT VOID. ANY GRADING, FILLING, OR OTHER LANDSCAPING SUBSEQUENT TO FINAL INSPECTION BY COUNTY HEALTH DEPARTMENT, WHICH ADVERSELY AFFECTS THE FUNCTION OF THE ON-SITE SEWAGE MANAGEMENT SYSTEM, MAY RENDER APPROVAL VOID. INSTALLATION CONTRACTOR IS RESPONSIBLE FOR LOCATING PROPER DISTANCES FROM BUILDINGS, WELLS, PROPERTY LINES, ETC.

ISSUANCE OF A CONSTRUCTION PERMIT FOR AN ON-SITE SEWAGE MANAGEMENT SYSTEM, AND SUBSEQUENT APPROVAL OF SAME BY REPRESENTATIVES OF THE GEORGIA DEPARTMENT OF PUBLIC HEALTH OR COUNTY BOARD OF HEALTH SHALL NOT BE CONSTRUED AS A GUARANTEE THAT SUCH SYSTEMS WILL FUNCTION SATISFACTORILY FOR A GIVEN PERIOD OF TIME; FURTHERMORE, SAID REPRESENTATIVE(S) DO NOT, BY ANY ACTION TAKEN IN EFFECTING COMPLIANCE WITH THESE RULES, ASSUME ANY LIABILITY FOR DAMAGES WHICH ARE CAUSED, OR WHICH MAY BE CAUSED, BY THE MALFUNCTION OF SUCH SYSTEM.

1. SITE APPROVED AS SPECIFIED ABOVE: (1) Yes (2) No
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APPROVING ENVIRONMENTALIST:	TITLE:	DATE:	CONSTRUCTION PERMIT NUMBER:
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Special Conditions:

Proposed Layout:

