

Northwest Georgia Health District 1-1 - On-site Application

Property Owner's Name (Please Print): _____
Property Owner's Address: _____
Owner's Phone #: _____ Owner's Email: _____
Authorized Agent (Please Print): _____
Agent's Phone #: _____ Agent's Email: _____
Site/Construction Address: _____
Subdivision Name (If Applicable): _____
Lot #: _____ Lot Size/Acreage: _____ Parcel Number: _____

Locked Gate/Chain: Yes or No Gate Code #: _____ Dogs on Property: Yes or No
Water Supply: Public Water Individual Well (Active or Abandoned) Both
Nearby Bodies of Water: Pond/Lake Stream/Creek/River Spring

Directions to Property: _____
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 Public Health, Chapter 511-3-1. 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.

Owner/Agent Signature: _____ Date: _____

(1) New Permit (permit expires 12 months from date of issue): Permit Renewal

Building Details: Stick-built Mobile/Modular Home Commercial Other _____
Foundation: Slab Crawl Space Basement Split Level/Combination
of Bedrooms: _____ Level of Plumbing Outlet: Above Ground Ground Level Basement
Garbage Disposal: Yes or No Swimming Pool (current/future request): Yes or No
House or Building Site Staked/Flagged: Yes or No
Provided: Plat of Property 8 1/2" x 11" copy of House Floor Plans Level III Soil Report

(2) Repair Permit: Age of System: _____ Monthly Water Usage: _____ Current # of Bedrooms _____

Type of Repair: Tank Field lines Risers Only
 Backing up in Home Surfacing at Tank Surfacing in Yard Other _____
Level III Soil Study: Yes or No If **NO** Soils, Reason: Economic or Time Constraint
By: Owner/Agent: (Initials) _____

(3) Addition/Modification Permit: Current # of Bedrooms _____ # of Additional Bedrooms _____

Reason for Modification: Tank Relocation Field Line Modification Other _____

(4) Existing System Evaluation: Current # of Bedrooms _____ Loan Closing Refinance

Foster Care Mobile Home Relocation Rebuild/Remodel: _____
Swimming Pool Construction: Above Ground or Inground
Home Addition(s) (Non-Bedroom): Deck/Porch Attached Garage/Carport Other _____
Structure(s) Addition to Property: Pool House Detached Garage Shed (On Permanent Foundation)
 Pavilion Commercial/Office Building New Construction (On Existing System) Other _____

Office Use Only: Inspection(s) on File: Yes or No Inspection(s) Attached: Yes or No