

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
CONSTRUCTION PERMIT AND SITE APPROVAL
For On-Site Sewage Management System**

COUNTY	SUBDIVISION	LOT NUMBER	BLOCK
PROPERTY LOCATION (ADDRESS/DIRECTIONS)			

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.

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)	PHONE NUMBER	RELATIONSHIP TO OWNER

Section A — General Information

1. REQUIRED SETBACK FROM RECEIVING BODIES EVALUATED (wells, lakes, sinkholes, streams, etc.) (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	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	2. GARBAGE DISPOSAL (1) YES (2) NO	3. SEPTIC TANK CAPACITY (gallons)	4. ATU CAPACITY	5. DOSING TANK CAPACITY (gallons)	6. GREASE TRAP CAPACITY (gallons)
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Section C — Secondary Treatment

1. ABSORPTION FIELD DESIGN (1) Level Field (2) Serial (3) Drip (4) Bed (5) Distribution Box (6) Mound/Area Fill (7) Other	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

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 representative 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.

APPROVING ENVIRONMENTALIST / TITLE	DATE	CONSTRUCTION PERMIT NUMBER	SITE APPROVED AS SPECIFIED ABOVE (1) YES (2) NO
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Management System**

**County
County Phone
Permit Number
Property Address**

PRESCRIBED TANK LOCATION / REMARKS	

PRESCRIBED ABSORPTION FIELD LOCATION	

PROPOSED SYSTEM LAYOUT/DESIGN	
	