COBB & DOUGLAS PUBLIC HEALTH

APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL FOR ON-SITE SEWAGE MANAGEMENT SYSTEM

Date _____ **Amount Paid $** _____ **DHD #** _____ **Received By** _____

Invoice # _____ **Authorization #** _____ **Check #** _____ ☐ Cash ☐ MC ☐ Visa ☐ Discover

Street Address _____ City _____ Zip _____

Subdivision Name _____ Lot _____ Phase _____ Land Lot _____ District _____ Section _____

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 290-5-26. I understand that a final inspection is required. I will notify Cobb & Douglas Public Health upon completion of construction and before applying the final cover.

Property Owner's Name _____ Phone _____

Owner's Address _____

Owner's Email _____ Applicant's Email _____

Permit Applicant's Name _____ Phone _____

Applicant's Address _____

Facility Type ☐ Single Family Other _____ # Bedrooms _____ # Gallons / Day _____

Water Supply ☐ Public ☐ Community ☐ Individual ☐ Well Located required distance from possible pollution source? ☐ Yes ☐ No

Lot Size Front _____ ft. Back _____ ft. Right Side _____ ft. Left Side _____ ft. Square ft. (or acres) _____

House Design ☐ Ground Level ☐ Split Level ☐ With Basement Garbage Disposal ☐ Yes ☐ No **Plumbing Outlet Level** ☐ Ground Level ☐ Split Level ☐ Basement

I certify that the location of this house, septic tank and drain field meets local codes and the Department of Natural Resources, EPD, Chapter 391-3-16-.01 for water supply, water sheds.

Owner / Agent Signature _____ **Date** _____

OFFICE USE ONLY

Soil Conditions (Absorption Field) Percolation Rate _____ Min / in Water Table Depth _____ in Suitable Soil Type _____

Loading Rate _____ Gal / sq ft Depth to Rock _____ in

Sewage Disposal ☐ Conventional ☐ High Capacity ☐ Alternative _____

Total Capacity Septic Tank _____ Gals Dosing Tank _____ Gals ATU Tank _____ Gals Grease Trap _____ Gals

Layout Method ☐ Distribution Box ☐ Serial Field ☐ Level Field ☐ Other

Absorption Field Area Primary LF _____ Trench Depth (inches) _____ **Site Approved** ☐ Yes ☐ No

Reserve LF _____ Trench Width ☐ Chamber 36" ☐ Polystyrene 30" ☐ Other

Special Conditions:

A permit is hereby granted to install or construct the on-site sewage management system described above. This permit is not valid unless properly signed below, and expires twelve (12) months from the issue date.

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 the Cobb & Douglas Public Health shall not be construed as a guarantee that such system will function satisfactorily for a given period of time; furthermore, said representatives do not, by an action taken in affecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system. Any site modification including burial of debris may void this permit.

Approved by _____ **Title** _____ **Date** _____

Cobb & Douglas Public Health Representative