

Permit # _____

Receipt # _____

Fannin County Health Department
Application for On-site Sewage Management System Permit
Fill Out Completely – Please Print

Property Owner's Name: _____

Current Address: _____

Home #: _____ **Cell #:** _____

(If Applicable)

Builder/Contractor Name & Phone #: _____

(If Applicable)

Subdivision Name & Lot #: _____ **Lot size or Acreage:** _____

Locked Gate/Chain on Property? Y N **Gate Code:** _____

Detailed directions to property: _____

Is property in flood plain? Y N

Stream, Creek, River, Lake or Spring on Property? Y N

If yes, how far from house site? _____

Drinking water source: _____ **Public Water** _____ **Individual Well**
_____ **Spring Water** _____ **DNR Well**

House Information: _____ **Stick-Built** _____ **Mobile/Modular Home**

of Bedrooms: _____ **Garbage Disposal:** Y N

Basement: Finished Y N Unfinished with/without plumbing No Basement

Garage: Y N Attached/Detached/Drive-under

Applicants Check List: (Check only if completed today – all are required for initial inspection)

Recorded Plat/Survey on Property _____ Level III Soil Evaluation w/Red Seal _____ Floor Plans _____

4 Corner of House site Staked Out _____ Property Lines Visibly Marked _____ Sign Posted _____

Issuance of a construction permit for an on-site sewage management system, and subsequent approval of same by representative of the 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 do not, by any action taken affecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system.

Signature of Applicant: _____ **Date:** _____

LAND DISTURBANCE PERMIT NOTICE

Grading, filling, digging, cutting or other landscaping or construction activities on a lot and/or piece of property prior to approval from this office may render your lot and/or property unsuitable for a septic system. Unauthorized alterations to your property are subject to a fine of twice the usual septic permit fee. This office strongly recommends obtaining your On-site Sewage Management System permit prior to any site alterations.

I have read above statement and understand any site alterations conducted on this lot and/or property prior to the issuance of the OSSMS Permit could result in additional fines/fees, as well as denial of permit.

Signature of Applicant

Date

ALTERNATIVE PRODUCT APPLICATION

Because of the many products which are used to replace gravel in absorption field trenches, the Fannin County Environmental Health Office cannot specify the required footage for all of these products on the installation permit. Therefore, the permits specify absorption trench length and width for standard gravel systems only. Substitution for an alternate product approved by the Georgia Department of Human Resources for use in septic system absorption field may only be made with written permission of the property owner.

PLEASE SIGN ONE:

I allow the installation of one of the alternative absorption field products approved by the Division of Public Health.

Signature: _____

Date: _____

_____ with an equivalency factor of _____.

This product will require _____ linear feet of absorption line to be installed in a _____ inch wide trench at _____ inches deep.

I **do not** want alternative absorption field products to be used with my septic system and wish to have the standard gravel absorption field installed.

Signature: _____

Date: _____