

Gilmer County Health Department

Application for Existing On-Site Sewage Management System Inspection

Fill Out Completely – Please Print

Property Owner's Name: _____
Property 911 Address: _____ Home #: _____
_____ Work #: _____
_____ Cell #: _____

(If applicable)
Subdivision Name and Lot #: _____ Lot size or Acreage _____
Gate Code: _____ Locked Gate/Chain on Property? Y N Loose Dogs on Property? Y N

Detailed directions to property (Include mailbox #'s, distances & note if street sign is missing):

Is property in flood plain? Y N Stream, Creek or River on Property? Y N
If yes, how far from house ? _____
Drinking water source: ___ Individual Well ___ Public Water
___ Spring Water ___ Community Water (Well # _____) DNR

House Information:
Bedrooms ___ # Floors ___ (NOT including basement) Total Square Footage: _____ Mobile Home? Y N
Basement? Y N Plumbing in basement? Y N Garbage Disposal usage? Y N
Used for: Full Time Residence ___ Seasonal Use Only ___ Commercial Use Only ___

Applicants Check List (Initial only if completed as of today – ****all** are required for inspection if you are **replacing/rebuilding a home**)

Recorded Plat/Survey on Property ___ **Floor Plans ___ **Location of new Proposed House Site **Staked-Out** ___
Property Lines **Visibly Marked ___

There will be a **\$100.00 extra trip charge** if the inspector
**** Can not find property by directions given** **** Finds proposed house site not staked**,
**** Finds Property lines not clearly & visibly marked** **** Can not gain access to property due to no gate code or locked gate/chain**
Payment is due before permit will be released.

Issuance of a construction permit for an on-site sewage management system, and subsequent approval of same by representatives 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 representatives 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: _____