

Permit # \_\_\_\_\_

Rec # \_\_\_\_\_

# Gilmer County Health Department Application for On-Site Sewage Management System (OSSMS) Repair / Replacement Permit

**Fill Out Completely – Please Print**

Original System Permit #061- \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_

(If applicable)

Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_ Lot size/Acreage \_\_\_\_\_

Locked Gate/Chain? Y N Gate Code: \_\_\_\_\_ Loose Dogs on property? Y N

Is property in flood plain? Y N Is house near stream, creek or river? Y N If yes, how far? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**House Information:**

**Drinking water source:**

\_\_\_\_ Stick-Built \_\_\_\_ Mobile Home / Modular Home \_\_\_\_ Log \_\_\_\_ Other \_\_\_\_\_

# Bedrooms: Main \_\_\_\_ 2nd Floor / Loft \_\_\_\_ Basement \_\_\_\_ Aprox. Sq. Ft. \_\_\_\_\_

Garbage Disposal usage? Y N Plumbing in Basement Y N

Individual Well \_\_\_\_

Public Water \_\_\_\_

Spring Water \_\_\_\_

Community Well \_\_\_\_

Have you had the tank pumped? Y N If yes, when and what Company? \_\_\_\_\_

Description of failure: \_\_\_\_\_

There will be a \$100.00 extra trip charge if inspector can not find property by directions given. 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: \_\_\_\_\_

**OFFICE USE ONLY**

Grant Program- Y N

Septic Failure Form Attached - Y N N/A

Level III Soils required - Y N N/A

