

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

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

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

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

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

(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: check just one**

\_\_\_ House \_\_\_ Mobile Home / Modular Home \_\_\_ Log \_\_\_ Other \_\_\_\_\_

**Number of Bedrooms:** Main \_\_\_ 2nd Floor / Loft \_\_\_ Basement \_\_\_ **Garbage Disposal Usage?** Y N

If Basement.... Do you have plumbing in basement? Y N

**Drinking water source:**

Individual Well or Spring \_\_\_ Public Water \_\_\_ Community Well \_\_\_

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

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

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.

**Repair/Replacement Waiver** – I understand that the issuance of a repair permit does not necessarily constitute an approval of the lot or assurance that soil conditions are suitable for on-site systems. I have been advised to check for blockages in the inlet/outlet piping, septic and absorption field before adding or replacing lines. I will not hold the Gilmer Co. Board of Health or any of its agents responsible for any future failures or necessary repairs.

**Effective Immediately: A Level 3 soil test or Backhoe test pits WILL BE REQUIRED for any and all repairs, unless there is an adequate Level 3 soil report on file with this office.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application Fee \$100 and Copy of Plat of Property ~ due at time of application

**Office Use Only:**

\_\_\_ Level 3 soil test \_\_\_ Special Soil Studies \_\_\_ Test Pits Evaluation  
Failure Report Attached ~ Yes No