WHITFIELD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
1407 Burleyson Drive • Suite 1 • Dalton, GA 30720
706-272-2005 (phone) 706-272-2442 (fax)

□ NEW
□ REPAIR
□ REPLACEMENT
□ ADD/MOD.

APPLICATION: ON-SITE SEWAGE MANAGEMENT SYSTEM

<table>
<thead>
<tr>
<th>PROPERTY OWNER</th>
<th>TELEPHONE</th>
<th>APPLICANT</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS</td>
<td>MAILING ADDRESS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROPOSED CONSTRUCTION SITE AND DIRECTIONS

<table>
<thead>
<tr>
<th>SUBDIVISION NAME</th>
<th>LOT #</th>
<th>LOT SIZE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TYPE FACILITY</th>
<th>PLUMBING DESIGN</th>
<th>WATER SOURCE</th>
<th>MINIMUM REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ HOUSE</td>
<td># of Bedrooms</td>
<td>□ Individual</td>
<td>Septic Tank Capacity Depth</td>
</tr>
<tr>
<td>□ MOBILE HOME</td>
<td>Gallons per day</td>
<td>□ Public</td>
<td>LF gravel (36”wide) Other</td>
</tr>
<tr>
<td>□ OTHER</td>
<td>Basement</td>
<td>□ Public</td>
<td>Dosing Chamber LF</td>
</tr>
</tbody>
</table>

I hereby apply for a construction permit to install or construct a sewage disposal system and agree that the system will be installed to conform to the requirements of the rules and regulations of the Georgia Department of Human Resources Public Health, Chapter 290-5-26. I understand that final inspection is required and will notify the Health Department upon completion of construction and before applying final cover. This application expires (12) months from date of issue. Cutting or filling may void this permit. Installation requires certified septic contractor.

AUTHORIZED SIGNATURE

COMMENTS:

--- ON SITE SEWAGE MANAGEMENT SYSTEM INSPECTION REPORT ---

--- PRIMARY TREATMENT ---

Septic Tank …………………… _______ Gal
Dosing Tank …………………… _______ Gal.
Distance septic tank from well……… _______ Ft.

--- SECONDARY TREATMENT ---

□ Serial □ Level □ Distribution Box □ Pump
Gravel _______ Other _______
Total Linear Feet………………… _______ Ft.
Nearest property line ……………… _______ Ft.
Width of Trench …………………… _______ In.
Number of Trenches………………… _______ Ft.
Average Distance between Trenches _______ Ft.
Average Trench Depth ……………… _______ In.
Distance from Building Foundation. _______ Ft.
Distance from Well………………… _______ Ft.

COMMENTS: __________________________________________________________

-- SYSTEM --

□ APPROVED
□ DENIED

SIGNATURE

TITLE

DATE OF ISSUE

--- SITE ---

□ APPROVED
□ DENIED

MIN. 100 FT. FROM WELLS:
50 FT. FROM STREAMS OR PONDS.

INSPECTOR

CONTRACTOR

APPLICATION Date

Permit Number

Zoning Approval: Yes □ No □