

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 Date _____
Permit Number _____
Zoning Approval : Yes <input type="checkbox"/> No <input type="checkbox"/>

APPLICATION: ON-SITE SEWAGE MANAGEMENT SYSTEM

PROPERTY OWNER _____	TELEPHONE _____	APPLICANT _____	TELEPHONE _____
MAILING ADDRESS _____		MAILING ADDRESS _____	
PROPOSED CONSTRUCTION SITE AND DIRECTIONS _____		SUBDIVISION NAME _____	LOT # _____
			LOT SIZE _____

TYPE FACILITY	PLUMBING DESIGN	WATER SOURCE	MINIMUM REQUIREMENTS
<input type="checkbox"/> HOUSE _____ # of Bedrooms _____	<input type="checkbox"/> Ground Level _____	<input type="checkbox"/> Individual _____	Septic Tank Capacity Depth _____
<input type="checkbox"/> MOBILE HOME _____ Gallons per day _____	<input type="checkbox"/> Basement _____	<input type="checkbox"/> Public _____	LF gravel (36" wide) Other _____
<input type="checkbox"/> OTHER _____	SOIL CONDITIONS		Dosing Chamber LF _____
<input type="checkbox"/> EXISTING _____	Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Soil Type _____ Perc. Rate _____	ATU Width _____

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.**

This permit is not valid unless properly signed below. Whitfield County Health Department will not be responsible for conditions unknown at time of Permit Inspection.

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

—SITE—
<input type="checkbox"/> APPROVED
<input type="checkbox"/> DENIED

AUTHORIZED SIGNATURE _____

SIGNATURE _____

TITLE _____

DATE OF ISSUE _____

COMMENTS: _____

— ON SITE SEWAGE MANAGEMENT SYSTEM INSPECTION REPORT —

SAMPLE

—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
 Number of Trenches.....
 Average Distance between Trenches _____ Ft.
 Average Trench Depth In.
 Distance from Building Foundation. _____ Ft.
 Distance from Well..... Ft.

COMMENTS: _____

—SYSTEM—
<input type="checkbox"/> APPROVED
<input type="checkbox"/> DISAPPROVED
_____ Date _____

INSPECTOR _____	CONTRACTOR _____
-----------------	------------------