

**GILMER COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

**Application for On-Site Sewage Management System**

Property Owner's Name: \_\_\_\_\_ **House Site Staked Out? Yes or No**  
Current Mailing Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**Only if applicable:**  
Builder/Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_ Lot size/Acreage \_\_\_\_\_  
\*If you live in a Gated Community ~ Gate Code: \_\_\_\_\_

Locked Gate/Chain on Property? Y N Loose Dogs on Property? Y N

**\*911 ADDRESS:** \_\_\_\_\_

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

Is property in flood plain? Y N Stream/Creek/River/Lake/Spring on Property? Y N (If yes) how far/house site? \_\_\_\_\_

**READ CAREFULLY THE FOLLOWING CHOICES:**

Drinking water source: \_\_\_ Individual Well \_\_\_ Public \_\_\_ Community \*Is the Water Source already on property? Y N

Building/House Info: Stick Built Home \_\_\_ Mobile/Manufacture Home \_\_\_ Other (Please Explain) \_\_\_\_\_

Full/Part-time Residence \_\_\_\_\_ Vacation Rental Property \_\_\_\_\_ If yes, Vacation Rental - Number of Occupants? \_\_\_\_\_

Number of Bedrooms on each floor: Main Floor \_\_\_\_\_ 2nd Floor/Loft \_\_\_\_\_ Basement \_\_\_\_\_ \*Bedrooms over Garage \_\_\_\_\_

**\*CHECK ONE:** UNFINISHED Basement \_\_\_\_\_ FINISHED Basement \_\_\_\_\_ \*Plumbing in Basement? Y N  
NO Basement \_\_\_\_\_ ~ \*If, No Basement ~ Please check one: Slab \_\_\_\_\_ Crawl Space \_\_\_\_\_ Stilts \_\_\_\_\_

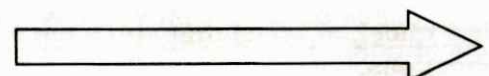
\*Garbage Disposal: Yes / No \*Garage: Yes / No ~ Attached | Detached | Drive-under \*Drive-way: Left Right Front Back Circle

Sq. Ft. of Home: Main Floor \_\_\_\_\_ 2nd Floor/Loft \_\_\_\_\_ Basement total (heated & unheated) \_\_\_\_\_ Bonus Room \_\_\_\_\_  
/Over Garage

\*Swimming Pool? Yes or No (If, yes...Please draw on Plat/Survey the house site and "future" pool location)

**Commercial Business Info Only:** Type of Business \_\_\_\_\_  
No. of Employees \_\_\_\_\_ No. of Restrooms \_\_\_\_\_  
If, Food Service ~ No. of Seats? \_\_\_\_\_ Serving? Breakfast Lunch Dinner All Day  
Any other wastewater...such as industrial wastewater? \_\_\_\_\_

**\*Please sign the back side of application\***



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**PLEASE READ:** Grading, cutting, filling or any other landscaping or construction activities on a lot and/or piece of property prior to SEPTIC approval from this office may render your lot and/or property unsuitable for a septic system. Unauthorized alterations to your property could result in a Denial or Void of the septic permit.

This office strongly recommends obtaining your Septic System Permit prior to any site alterations.

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**Septic System Product Information**

A conventional "normal" septic system is sized based on water usage and using the older gravel system.

Today we have many newer 'State-Approved' conventional septic system products that require less footage than the "normal" gravel system.

Most property owners do not want to install a gravel system due to other septic drainfield options that require less footage (takes up less space on the property) than the gravel system.

**(Please Check one)**

Which septic system would you prefer?

\_\_\_\_\_ other 'State-Approved' Conventional Drainfield (reduction based on product used for septic system) **\*Most Used Today**

\_\_\_\_\_ Conventional Gravel Only (no reduction for septic system)

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**\*\* I understand that this permit will EXPIRE (12) months from Issue Date on the Septic Permit Inspection Report \*\***

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; 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. Septic System contractors must be currently certified by the GA Dept. of Public Health. The permit specifications below are issued in terms of a conventional gravel absorption field; other approved alternative absorption field materials may be used by the contractor that may or may not require the same field size as gravel. If the applicant is not the property owner, then applicant's signature below stipulates that he or she is acting as the legally authorized agent of the property owner.

I hereby apply for a permit to install or construct an individual On-Site Sewage Management System (OSSMS) and agree that the system will be installed to conform to the requirements of the Georgia Department of Public Health, Chapter 511-3-1 and current Gilmer County Board of Health requirements. I understand that final inspection is required and will notify the Gilmer County Environmental Health Department at 706-635-6050 upon completion and before applying final cover to the OSSMS. I understand that neither this permit, soil evaluation nor final inspection in any way guarantees the proper operation or functioning of the sewage system or in any way confers any liability or warranty of any kind upon the Gilmer County Board of Health, Georgia Division of Public Health, omits representatives.

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

**Check List:**

1. \_\_\_\_\_ **4 corners of the house/garage/pool, etc. staked out on the property.**
2. \_\_\_\_\_ **Detailed directions to the property**
3. \_\_\_\_\_ **911 Address**
4. \_\_\_\_\_ **Level 3 Soil Report with red stamp (original report)**
5. \_\_\_\_\_ **Floor Plan – just the footprint no larger than 8.5x11 (we cannot shrink copies)**
6. \_\_\_\_\_ **Copy of Recorded Plat of the property – Must have the recorded stamp/date on it**
7. \_\_\_\_\_ **Application**

**Please check or initial that you have all items needed to apply. We are unable to accept incomplete applications.**