PICKENS COUNTY ENVIRONMENTAL HEALTH

1266 East Church Street, Jasper, GA 30143 Phone: (706) 253-0900 Fax: (706) 253-0902

Office Hours: 8:00-9:30 a.m. & 1:00-1:30 p.m.

SEPTIC SYSTEM APPLICATION

Property Owner's Name and Mailing Addr	ress Builder's Name (If Applicable)
	Contact Phone Number:
	Other Phone Number:
Location of Construction Site:	
Subdivision (If Applicable) Name:	Lot #
Water Supply: \square Public Water \square In	ndividual Well or Spring
Lot Size: Road N	Name:
Gate Code #: Dire	ections to Property:
Building Details (Check the box that	annlies):
	
☐ Residence ☐ Business	Other (Describe:)
□Slab □ Crawl/House	☐ Crawl/Mobile Home ☐ Basement
Main Floor Number of Bedrooms:	2 nd Floor/Loft Bedrooms: Basement Bedrooms:
If unfinished Basement with stub out:	☐Full Bath ☐Half Bath
Kitchen Garbage Disposal: \square Yes	\square No Swimming Pool requested: \square Yes \square No
Environmental Health Inspection	(all of the below must be provided)
\square Property Surveyed and Flagged \square Pl	lat of Property
□8 ½" x 11" <u>SIGNED</u> copy of House Pl	Plan Driveway and House Site Staked/Flagged
I understand that no grading, cutting, or	filling of lot shall be done prior to final approval by this department
Applicant Signature	Date
For Office Use Only Date Submitted for Evaluations	Data Evaluated by Danauturant: Luitiala
Date Submitted for Evaluation:	Date Evaluated by Department: Initials:
Changes Required:	