



# West Central Health District Environmental Health

## Application for Construction Permit and Site Approval For On-Site Sewage Management System

County:	Subdivision:	Lot Number:	Block:	Tax Parcel Number:
Property Location (Address/Directions):				
Property Owner's Name:			Phone Number	
Property Owner's Address:				
Property Owner's E-Mail:			Fax:	
Authorized Agent's Name			Phone Number	
Authorized Agent's Address			Relationship to Owner:	
Authorized Agents E-Mail:			Fax:	
Type of Structure: <input type="checkbox"/> Single-Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial < 2000 Gallons per Day <input type="checkbox"/> Commercial > 2000 Gallons per Day				
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Community			Number of Bedrooms / Gallons per Day:	
Sewage System to be Permitted: <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Addition				Lot Size (Square Feet / Acres):
Level of Plumbing Outlet: <input type="checkbox"/> Ground Level <input type="checkbox"/> Basement <input type="checkbox"/> Above Ground Level				
Will this facility have a garbage grinder? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Underground Utilities Locator Service Ticket Number: _____ Date _____ For Ticket # call 811				
<p>On the back of this form provide a sketch showing 1) the lot dimensions, proposed building location/ dimensions, proposed building line and side line distances; 2) street or road name; 3) well location if applicable and well locations on property within one hundred feet of the property lines; 4) driveway, patio or other paved surfaces; 5) underground utilities; 6) plumbing stub out and proposed drainfield location; 7) Location of easements.</p>				
<p>I hereby apply for a construction permit to install an On-Site Sewage Management System and agree that the system will be installed to conform to the requirements of the rules of the Georgia Department of Public Health, Chapter 511-3-1. By my signature, I understand that final inspection is required and will notify the County Health Department upon completion of the construction and before applying final cover material to the system.</p>				
_____ Signature (Owner / Authorized Agent)			_____ Date	
<p>All properties require a Level 3 soil map prepared by a certified soil classifier. A list of certified soil classifiers is available on-line at:  <a href="https://dph.georgia.gov/wastewater-management">https://dph.georgia.gov/wastewater-management</a></p>				

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