



West Central Health District Environmental Health

APPLICATION REQUIREMENTS FOR NEW RESIDENTIAL SEPTIC SYSTEM PERMIT

1. Complete application form. Please note, the application requires a sketch and additional information as requested of the property showing 1) the lot dimensions, proposed building line and side line distances; 2) street or road name; 3) well location if applicable and well locations on the property and within 100 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.
2. An **original** stamped and signed Level III Soil Report. This must be conducted by a certified Soil Classifier. A complete list of current certified Soil Classifiers can be found at the link below. Photocopies and Fax Copies are not acceptable.
<https://dph.georgia.gov/wastewater-management>
3. A recorded plat must be submitted for individual lots not located in a subdivision.
4. The location of the house **must** be staked out on site. If the property lines are not easily recognizable, such as a hedge row or fence, the property corners and property lines must be marked. Signage posted indicating owner/applicant in front center of lot.
5. Underground Utilities Locator Service - Call 811 Before you Dig must be completed PRIOR to submitting this application.
6. There is a fee due with the application for site evaluation and final inspection of the septic system (contact local Health Department for fee amount). These two site visits are required by our Department on all lots. Once review has begun **ALL FEES ARE NON-REFUNDABLE**. All permits expire 12 months from the date of issue.
7. You will receive an approval/disapproval of your application within twenty (20) days of receipt of ALL requested documentation.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Revised 12/6/2019



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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				
Authorized Agent's Name			Phone Number	
Authorized Agent's Address			Relationship to Owner	
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:
Is a well permit needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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: _____ (Call 811 For Ticket Number)				
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 (100') of the property lines; 4) driveway, patio or other paved surfaces; 5) underground utilities; 6) plumbing stub out and proposed drain field location; 7) location of easements.				
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.				
_____			_____	
Signature (Owner / Authorized Agent)			Date	
For NEW septic systems: All properties require a Level 3 soil map prepared by a certified soil classifier. A list of current certified soil classifiers is available at: https://dph.georgia.gov/wastewater-management				
For REPAIR septic systems: Sites other than for single-family residential homes, sites with poor percolation, redoximorphic features or impervious soil horizons within 24 inches of the planned absorption trench bottom, a seasonal high water table within 30 inches of the original ground surface or any questionable soil features will require a certified soil classifier for evaluation.				

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A large, empty rectangular box with a thin black border, intended for the user to draw a site sketch according to the instructions provided above.

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