



West Central Health District Environmental Health

APPLICATION REQUIREMENTS FOR REPAIR SEPTIC SYSTEM PERMITS

1. Complete application form. Please note, the application requires a sketch of the property showing:
 - a. the lot dimensions/property lines
 - b. street or road name
 - c. well location if applicable and well locations on the property and within 100 feet of the property lines
 - d. driveway, patio or other paved surfaces
 - e. underground utilities
 - f. existing plumbing stub out and drainfield location
 - g. location of easements

2. For single-family residential properties, the Department will attempt to evaluate the soil conditions. If poor soil conditions are found, such as high percolation rates or a high seasonal water table, it may be necessary to provide the department with a Level III Soil Report. This must be conducted by a certified Soil Classifier. A complete list of certified Soil Classifiers can be found at:
<https://dph.georgia.gov/wastewater-management>
Photocopies and Fax Copies are not accepted. All facilities other than single-family residential properties must provide a Level III Soil Report.

3. Complete the attached questionnaire and return it with the application.

4. If the property lines are not easily recognizable, such as a hedge row or fence, the property corners and property lines must be marked.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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West Central Health District Environmental Health

Questions for REPAIR Septic System Permit

Property Address: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Property Owner's Name: _____

1. What year was the tank installed? _____
2. When was the tank last pumped, and by whom? _____
3. Has a copy of the pump-out report been provided to this office? _____
4. Have there been any repairs to the system? If so, when? _____
5. When did the problem first occur? Please explain. _____
6. Are the toilets/drains working properly? _____
7. Is there sewage on the ground outside? _____
8. Has there recently been an increase in usage? _____
9. Is there sewage backing up into the house? _____
10. Is there a water well on the property? _____
11. If so, is the well your current source of water? _____

Return this sheet with your Permit Application.

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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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Provide a sketch showing sketch of the property showing (a) the lot dimensions/property lines, (b) street or road name, (c) well location if applicable and well locations on the property and within 100 feet of the property lines, (d) driveway, patio or other paved surfaces, (e) underground utilities, (f) existing plumbing stub out and drainfield location, (g) location of easements

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

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