



Georgia Department of Public Health

Liberty County Environmental Health

| | | | | | |
|--|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> Residential | | | <input type="checkbox"/> Commercial | | |
| <input type="checkbox"/> New Septic Permit | <input type="checkbox"/> Evaluate Existing System | <input type="checkbox"/> Septic Repair or Addition | <input type="checkbox"/> Lot Evaluation | <input type="checkbox"/> Well Site or Permit | <input type="checkbox"/> Water Sample |
| OWNER INFORMATION | | | APPLICANT INFORMATION (IF OTHER THAN OWNER) | | |
| Name _____ | | | Name _____ | | |
| Mailing Address _____ | | | Mailing Address _____ | | |
| City, State, Zip _____ | | | City, State, Zip _____ | | |
| Home Phone (____) _____ | | | Home Phone (____) _____ | | |
| Work/Cell (____) _____ | | | Work/Cell (____) _____ | | |
| Fax (____) _____ | | | Fax (____) _____ | | |
| Other Phone (____) _____ | | | Other Phone (____) _____ | | |
| Email _____ | | | Email _____ | | |
| PROPERTY INFORMATION | | | | | |
| PARCEL#/TAX MAP _____ | | | LOT SIZE _____ | | |
| SUBDIVISION _____ | | | LOT # _____ | | |
| 911 ADDRESS _____ | | CITY _____ | | ZIP _____ | |
| NUMBER BEDROOMS _____ | | NUMBER GALLONS PER DAY (IF COMMERCIAL) _____ | | GPD | |
| GARBAGE DISPOSAL/GRINDER: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Private Well <input type="checkbox"/> Community Well | | |
| TYPE OF STRUCTURE: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Commercial <input type="checkbox"/> Restaurant | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | |
| <input type="checkbox"/> PERMISSION TO ENTER YARD | | <input type="checkbox"/> FENCE WITH GATE/CODE: _____ | | <input type="checkbox"/> ANIMALS IN YARD | |
| DIRECTIONS TO PROPERTY: | | | | | |
| FOR EXISTING SYSTEMS AND REPAIRS | | | | | |
| Original Septic Installed Date (If known) _____ | | | Year Home Constructed (if known) _____ | | |
| When was Septic Tank last Serviced/Pumped (If known) _____ | | | | | |
| REASON FOR EXISTING SYSTEM EVALUATION: | | | | | |
| <input type="checkbox"/> Home Addition <input type="checkbox"/> Swimming Pool Construction <input type="checkbox"/> Structure Addition to Property <input type="checkbox"/> Loan Closing for Home Sale | | | | | |
| <input type="checkbox"/> Health Dept Regulated Facility <input type="checkbox"/> Mobile Home Relocation <input type="checkbox"/> Other _____ | | | | | |
| REASON FOR WATER SAMPLE: <input type="checkbox"/> Loan Closing/Refinance <input type="checkbox"/> Doctor Request <input type="checkbox"/> Foster Care/Adoption/Day Care | | | | | |
| <input type="checkbox"/> Health Dept Regulated Non-Public System <input type="checkbox"/> Regulated Facility | | | | | |



Serving Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, and McIntosh counties.

We Protect Lives.

Sketch of Site Plan

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 construction and before applying final cover material to the system.

Applicant Signature: _____ **Date:** _____

Office Use Only

Payment – Date Received: _____ Soil Report – Date Received: _____

Is Property in Water Service Area Y / N Is Property in Sewer Service Area Y/N Existing File# _____