

<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# _____