

**Georgia Department of Human Resources
ON-SITE SEWAGE MANAGEMENT SYSTEM INSPECTION REPORT**

CONSTRUCTION PERMIT NUMBER

COUNTY	COUNTY CODE	HEALTH DISTRICT	MONTH	DAY	YEAR
		06	08	22	07
SUBDIVISION: <i>Indiana Rd</i>		LOT	PROPERTY OWNER: <i>Brian Gaudin</i>		
PROPERTY LOCATION ADDRESS: <i>Seminole #2</i>		SEWAGE CONTRACTOR: <i>Steve Wood</i>			
		CONTRACTOR LICENSE: <i>I 16354-R</i>			

ALL ITEMS: (BLANK) = Not Applicable (0) = Unknown *ITEMS (1) = Yes (2) = No

Section A - General	Section B - Primary / Pretreatment	Section C - Secondary Treatment
1. WATER SUPPLY: (1) Public (2) Private (3) Community	1. DISPOSAL METHOD: (1) Septic Tank (2) Privy (3) Aerobic Unit (4) Other:	1. DRAIN FIELD DESIGN: (1) Level (2) Serial (3) Drip (4) Distribution box (5) Mound (6) Other:
2. ** TYPE OF STRUCTURE: (see below)	2. SEPTIC TANK: a. Capacity (gals):	2. DRAIN FIELD: a. Total square feet:
3. STRUCTURE AGE: (1) New (2) <1 year (3) >1 year	b. Material: (1) Concrete (2) Polyethylene (3) Fiberglass (4) Poured (5) Other:	b. Total linear feet:
4. SEWAGE SYSTEM: (1) New (2) Repair (3) Addition	c. Distance from (feet): (1) Well: (2) Building: (3) Lake/Stream: (4) Nearest property line:	c. Number of trenches: d. Length trenches (feet): e. Distance between trenches (feet): f. Depth of trenches (range in inches):
5. AGE OF SYSTEM (repairs): (1) <1 (2) 1-5 (3) 6-10 (4) 11-20 (5) 21-30 (6) 31-40 (7) >40	d. Manufacturer:	g. * Aggregate proper size:
6. * IN SUBDIVISION?:	3. FILTER MANUFACTURER/ MODEL:	h. * Aggregate proper depth:
7. WATER USAGE BY: (1) Bedroom Numbers (2) Gallons per Day	4. AEROBIC UNIT: a. Treatment capacity: b. Manufacturer:	i. Distance from (feet): (1) Well: (2) Building:
8. NO. OF BEDROOMS/ GALLONS PER DAY:	5. DOSING TANK (gals):	(3) Lake/Stream: (4) Nearest property line:
9. LOT SIZE: <i>1 acres</i>	6. GREASE TRAP (gals):	j. Nearest property line: (1) Right (2) Left (3) Front (4) Rear
10. PERCOLATION RATE/ LOADING RATE: <i>4550</i>		k. Product used: <i>ATI Multi-pipe</i>
11. SOIL CLASSIFIER:		
12. SOIL SERIES:		

** TYPE OF FACILITY
 (1) Single-Family Residence
 (2) Multi-Family Residence
 (3) Commercial 2000
 (4) Commercial 2000
 (5) Restaurant
 (6) Mobile Home Park
 (7) Other (specify) _____

REMARKS:

Drawing not to scale.

Issuance of a construction permit for an on-site sewage management system, and subsequent approval of same by representatives of the County Board of Health shall not be construed as a guarantee that such systems will function satisfactorily for a given period of time; furthermore, said representatives do not, by any action taken in affecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system.

ENVIRONMENTALIST: *M. Hancock* TITLE: *ENSTH* *SYSTEM APPROVED: (see Sect. A 7 & 8)

\$100.00

LINCOLN COUNTY HEALTH DEPARTMENT

Georgia Department of Human Resources

CHK#5092

APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL FOR ON-SITE SEWAGE MANAGEMENT SYSTEM

Subdivision, Street or Road	Health Division	County
Property Location (Address, Block, Lot, Directions to Property)	06	Lincoln
Seminole Rd #2 1035		

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 Human Resources, Chapter 290-5-26. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.

Signature (Owner or Applicant)	Date
<i>Steve Hobb</i>	2-27-07
Property Owner's Name	Phone No.
Brian Crawley	
Owner's Address	
1439 Wheeler Dr Lawrenceville, Ga.	
Permit Applicant's Name	Phone No.
Steve Hobb	770-519-1999
Applicant's Address	
Type Facility (Residence, Church, Motel, Restaurant, Etc.)	No. of Bedrooms or No. of Gallons Per Day
Residence	3/2
Water Supply <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Individual	Located Required Distances from Possible Pollution Source <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lot Size 1.0 acre Front _____ ft. Rear _____ ft. Right Side _____ ft. Left Side _____ ft. Square ft./Acre _____ ft.	
House Design <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> Split Level <input type="checkbox"/> With Basement	Level of Plumbing Outlet <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> Split Level <input type="checkbox"/> Basement
Soil Conditions (absorption Field) 501119P	Percolation Rate 40-50 Min./in.; Soil Test (by name) _____ Soil Type (e.g. Pacolet) _____
Water Table Depth _____ inches;	Number Assigned Is _____
Sewage Disposal <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Unit <input type="checkbox"/> Construction Privy <input type="checkbox"/> Pit Privy <input type="checkbox"/> Other (Explain below)	Total Capacity 1000 Septic Tank _____ Gals. Dosing Tank _____ Gals. Grease Trap _____ Gals.
Field Layout Method <input type="checkbox"/> Mound <input type="checkbox"/> Special Distribution <input type="checkbox"/> Distribution Box <input type="checkbox"/> Construction Privy <input type="checkbox"/> Other (Explain below)	Absorption Field Area Total Sq. Ft. 900 Total Linear Ft. 300 Trench Depth In. 36 Trench Width In. 36
If Distribution Box is Used No. of Lines _____ Length Each Line, Ft. _____	Garbage Disposal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Site Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Special Conditions (Use reverse side for sketch and additional space if needed): Approved for 195 FT High cap chambers @ 36" depth. Approved for 200 FT PVI multi-pipe 13/36 @ 24"

PERMIT

A permit is hereby granted to install the on-site sewage management system described above. This permit is not valid unless properly signed below. This permit expires 12 months from date of issue.

Issuance of a construction permit for an on-site sewage management system, and subsequent approval of same by representatives of the Georgia Department of Human Resources or County Board of Health shall not be construed as guarantee that such systems will function satisfactorily for a given period of time; furthermore, said representatives do not, by any action taken in effecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system.

Any grading, filling or other landscaping subsequent to issuance of a permit may render permit void. Failure to follow site plan may render permit void. Any grading, filling or other landscaping subsequent to final inspection by County Health Department, which adversely affects the function of the on-site system, may render approval void. Installation contractor responsible for locating system proper distances from buildings, wells, property lines, etc.

Permit No 1380	Date of Issue 2-27-07
Approved by (Health Department Representative) <i>M. Davidson</i>	Title GIS II