

\$ 100.00
 Fee
 due

Georgia Department of Human Resources
**APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL
 FOR ON-SITE SEWAGE MANAGEMENT SYSTEM**

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|--|--|--|--|
| Subdivision, Street, or Road <u>7506 Rainey Morris Rd</u> | | Health District <u>06</u> | County <u>Columbia</u> |
| Property Location (Address, Block, Lot, Directions to Property) <u>010 002 (4+ Deed end)</u> | | | |
| I hereby apply for a construction permit to install an onsite 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) <i>[Signature]</i> | | | Date <u>12/4/15</u> |
| Property Owner's Name <u>Lee Schaffer</u> | | | Phone No. <u>830-6948</u> |
| Owner's Address <u>4506 Harrow Gate Grouetown 30813</u> | | | |
| Permit Applicant's Name <u>Same as above</u> | | | Phone No. |
| Applicant's Address | | | |
| Facility Type (Residence, Church, Motel, Restaurant, Etc.) <u>House</u> | | | No. of Bedrooms or Gallons Per Day <u>3</u> |
| Water Supply <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Individual | | Square Ft. / Acre <u>76.24</u> | |
| Soil Conditions (Absorption Field) | | Soil Test (by name) _____ Soil Scientist _____ | |
| Percolation Rate/ Hydraulic Loading Rate _____ Min/in; Water Table Depth _____ Feet; Soil Series (Rock, Etc.) _____ | | | |
| Sewage Disposal <input checked="" type="checkbox"/> Septic Tank, <input type="checkbox"/> Aerobic Unit, <input type="checkbox"/> Pit Privy, <input type="checkbox"/> Other (Explain below) | | Total Capacity <u>Septic tank 1500 (1500 Gal Tank Required with disposal)</u> | |
| Field Layout Method <input type="checkbox"/> Mound, <input checked="" type="checkbox"/> Serial Distribution, <input type="checkbox"/> Distribution box, <input type="checkbox"/> Level field, <input type="checkbox"/> Other (Explain below) | | Absorption Field Area <u>Total Sq. Ft. 600 ; Total Linear Ft. 200</u> | |
| If Distribution box is used No. of Lines _____ ; Length of Each Line _____ ft | | Trench Specifications <u>Trench Depth 24-30 in; Trench Width 36 in</u> | |
| Special Conditions (Use reverse side for sketch & additional space if needed) <u>See reverse</u> | | | |
| <p>Notice: Failure of the applicant to secure the services of a qualified soil scientist in determining the suitability of soils on a property for an on-site sewage disposal system shall be at the peril of the applicant. Any system malfunction is the responsibility of the property owner to correct. The Health Department does not negotiate terms or warranties between the applicant, owner, or contractor.</p> | | | |
| <p align="center">Permit</p> <p>A permit is hereby granted to install or construct the on-site sewage management system described above. This permit is not valid unless properly signed below, and expires twelve (12) months from date of issue.</p> <p>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 a 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.</p> <p>Any grading, filling or other landscaping subsequent to issuance of a permit may render the permit void. Failure to follow site plan may render permit void. Any grading, filling, paving, landscaping, sprinkler installation or other landscaping within close proximity to system drain lines subsequent to final inspection by County Health Department, which adversely affects the function of the On-site system, may render approval void. Installation contractor is responsible for locating proper distances from buildings, wells, property lines, etc.</p> | | | |
| Construction Permit Number Columbia County Health Department | | Date of Issue <u>12/4/15</u> | |
| Approved by (Health Department Representative) <i>[Signature]</i> | | Title <u>EHCM</u> | |

Columbia County, GA



Owner/Parcel Information

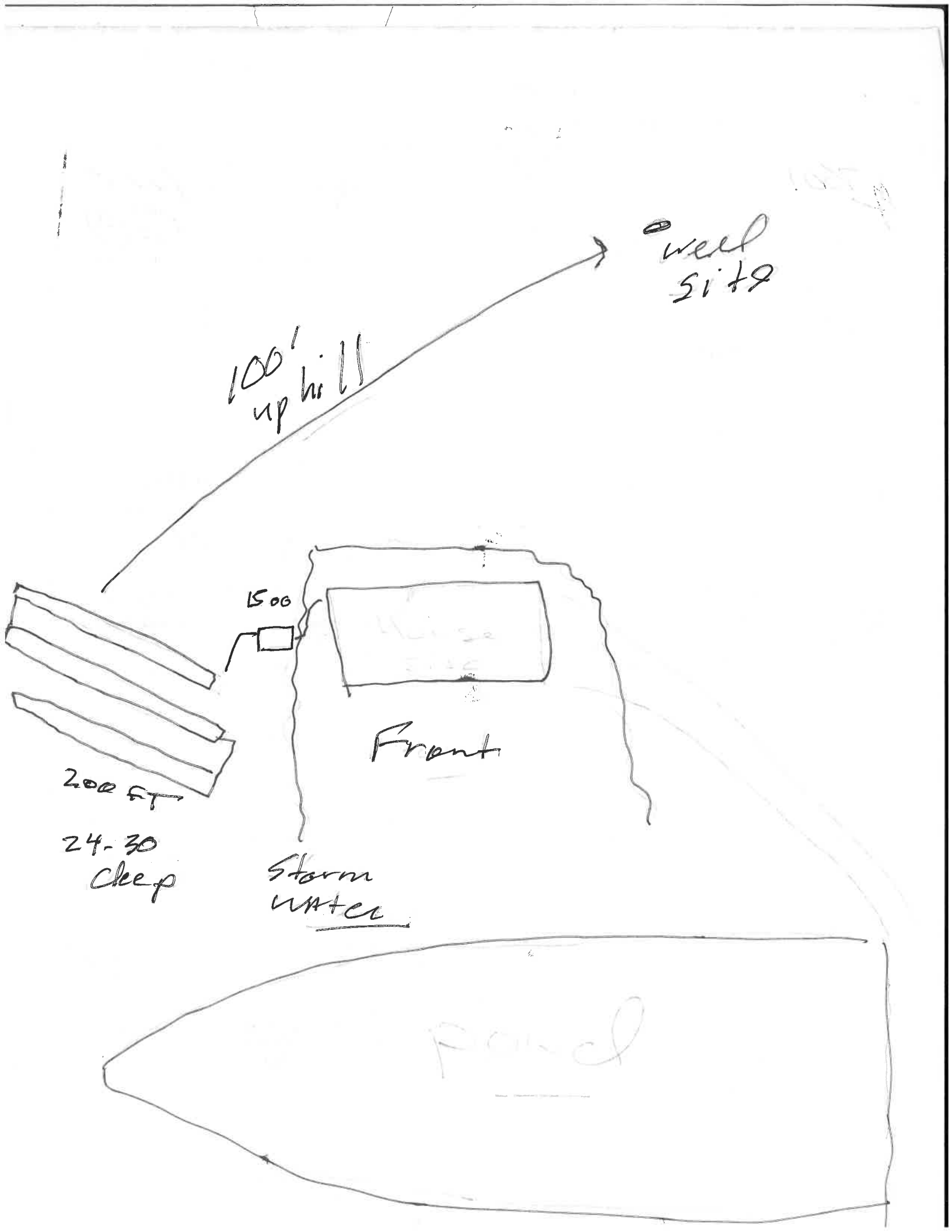
| | | | |
|------------------------|-------------------|--------------------------|------------------|
| Owner: | Seven Lakes Llc | Property Address: | Rainey Morris Rd |
| Address: | 6430 Ridge Rd | Parcel ID: | 010 002 |
| City State Zip: | Appling, GA 30809 | | |

Legal Information - Current Tax Digest

| | | | | |
|------------------------|---------------|------------------------------|---------------------|-------------------------------|
| Deed Book-Page: | 5259 - 260 | Approx Lot Size: | Sale Amount: | \$0 |
| Plat Book-Page: | PC F - 170#74 | Conservation Use: | Sale Date: | 11/18/2005 |
| Legal Desc: | 76.24 Acs | Land Value (FMV): | \$211,545 | Sale Instrument: MORE2 |
| Legal Desc: | | Improved Value (FMV): | \$0 | |
| Legal Desc: | | Total Value (FMV): | \$211,545 | |

Building Information

| | | | | | |
|----------------------------|---|--------------------------|---------------------------------|--------------------------------|---|
| Actual Year Built: | 0 | Description: | Stormwater Utility Area: | No | |
| Buildings: | 0 | Exemption: | Mobile Home(s): | No - 0 | |
| Finished Area: | 0 | Lot Quantity: | 0 | Number of Mobile Homes: | 0 |
| Approx Bedrooms: | 0 | Acreage: | 76.24 | Street Light Descrip: | |
| Approx Bathrooms: | 0 | Land Square Feet: | 0 | Street Light Amount: | 0 |
| Approx Total Rooms: | 0 | Swimming Pool: | No | | |



100'
up hill

well
site

1500

House

Front

200 FT

24-30
deep

Storm
water

Pond