Dawson County Health Department BUILDING PERMIT NO. PERMIT NUMBER P. O. Box 245, Hwy. 53 E., Dawsonville, GA 30534 APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL RECEIPT NUMBER FOR ON-SITE SEWAGE MANAGEMENT SYSTEM (DATES) Subdivision, Street or Road MAILED [GIVEN [] Property Location (Address, Block, Lot, Directions to Property) Property Owner's Name INSPECTED Owner's Address Permit Applicant's Name and Address Type Facility (Residence, Church, Motel, Restaurant, etc.) Water Supply Garbage Disposal No. of Bedrooms or Public Community Individual No. of Gallons Per Day ☐ No Lot Size Soil Conditions (Absorption Field) Percolation Rate Min./In; Water Table or Rock Depth_ Soil Type Level of Plumbing Outlet Field Layout Method **Total Capacity** Absorption Field Area Type System Total Sq. Ft. ☐ Distribution Box ☐ Mound Ground Level Septic Tank ☐ Level Field Total Linear Ft. ☐ Split Level Dosing Tank Trench Width In. Serial Distribution ☐ Basement Grease Trap Gals. Trench Depth In. Other (Explain below) 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 290-5-25. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover. A permit is hereby granted to install or construct the on-site sewage management system Experimental Yes ☐ No described above. This permit is not valid unless proerly signed below, and expires twelve (12) months from date of issue. ARE THERE ANY WELLS OR SPRINGS 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 WITHIN 100' OR STREAMS WITHIN 50'? 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 in ☐ Yes ☐ No effecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system. Signature (Owner or Applicant) Remarks sallow Pump Ink tu/Pump + check valve 140 m E

Date Inspected

Approved

Proposed Layout Final Inspection

Date of Issue

12-16-99

proved by (Health Department Representative)