

3:30 PM 9-14-88

Fee Paid Amt: 50.00  
Received By: [Signature]  
Date: 8-7-88

**GWINNETT CO. ENVIRONMENTAL HEALTH**

Permit Number NO 07788

Georgia Department of Human Resources

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

Subdivision, Street or Road <u>Stonehenge, Rockwell Drive</u>		Health District <u>03-04</u>	County <u>Gwinnett</u>
Property Location (Address, Block, Lot, Directions to Property) <u>2340 Rockwell Drive, Block B, Lot 10, off of Rocksprings Road</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) <u>Mani Hufled</u>		Date <u>8-1-88</u>	
Property Owner's Name <u>G+M Contractors, Inc.</u>		Phone No. <u>995-5195</u>	
Owner's Address <u>1551 BentrIDGE Ct</u>			
Permit Applicant's Name <u>G+M Contractors, Inc.</u>		Phone No. <u>995-5195</u>	
Applicant's Address <u>1551 BentrIDGE Ct.</u>			
Financial Assistance <input type="checkbox"/> FHA, <input type="checkbox"/> VA, <input type="checkbox"/> Farmers Home, <input checked="" type="checkbox"/> Conventional, Case Number _____			
Type Facility ( <u>RESIDENCE</u> , Church, Motel, Restaurant, Etc.)		No. of Bedrooms or No. of Gallons Per Day <u>3</u>	
Water Supply <input checked="" type="checkbox"/> Public, <input type="checkbox"/> Community, <input type="checkbox"/> Individual		Located Required Distances From Possible Pollution Source <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	
Lot Size Front <u>115</u> Ft., Rear <u>86</u> Ft., Right Side <u>269</u> Ft., Left Side <u>269</u> Ft., Square Ft./Acre _____			
House Design <input type="checkbox"/> Ground Level, <input checked="" type="checkbox"/> Split Level, <input type="checkbox"/> With Basement		Level of Plumbing Outlet <input type="checkbox"/> Ground Level, <input checked="" type="checkbox"/> Split Level, <input type="checkbox"/> Basement	
Soil Conditions (Absorption Field) Percolation Rate _____ Min./in.; Water Table Depth _____ Feet; Soil Type (Rock, Etc.) <u>Applying Wetdown</u>			
Sewage Disposal <input checked="" type="checkbox"/> Septic Tank, <input type="checkbox"/> Aerobic Unit, <input type="checkbox"/> Pit Privy, <input type="checkbox"/> Construction Privy, <input type="checkbox"/> Other (Explain below)		Total Capacity Septic Tank <u>1000</u> Gals., Dosing Tank _____ Gals., Grease Trap _____ Gals.	
Field Layout Method <input type="checkbox"/> Distribution Box, <input type="checkbox"/> Mound, <input checked="" type="checkbox"/> Serial Distribution, <input type="checkbox"/> Level Field, <input type="checkbox"/> Other (Explain below)		Absorption Field Area Total Sq. Ft. <u>900</u> ; Total Linear Ft. <u>300</u> ; Trench Depth In. <u>45-60</u> Trench Width In. <u>36</u>	
If Distribution Box is Used No. of Lines _____; Length Each Line, Ft. _____		Depth or Total Aggregate in System <u>30" in 300'</u>	
Site Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>12"</u>	
Special Conditions (Use reverse side for sketch & additional space if needed) <u>SEE ATTACHED SOIL REPORT 9-13-88 JMA</u>			
<b>PERMIT</b>			
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. To renew, a fee will be collected.			
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.			
Construction Permit Number <b>PERMIT NUMBER NO 07788</b>		Date of Issue <u>8-3-88</u>	
Approved by (Health Department Representative) <u>James Tony Huff</u>		Title <u>EHS II</u>	

7788 Stonehenge

36

Fee Pd. Amt. 10.00  
Rec'd by DC  
Date 8-7-88

GWINNETT COUNTY ENVIRONMENTAL HEALTH

963-5132

6660

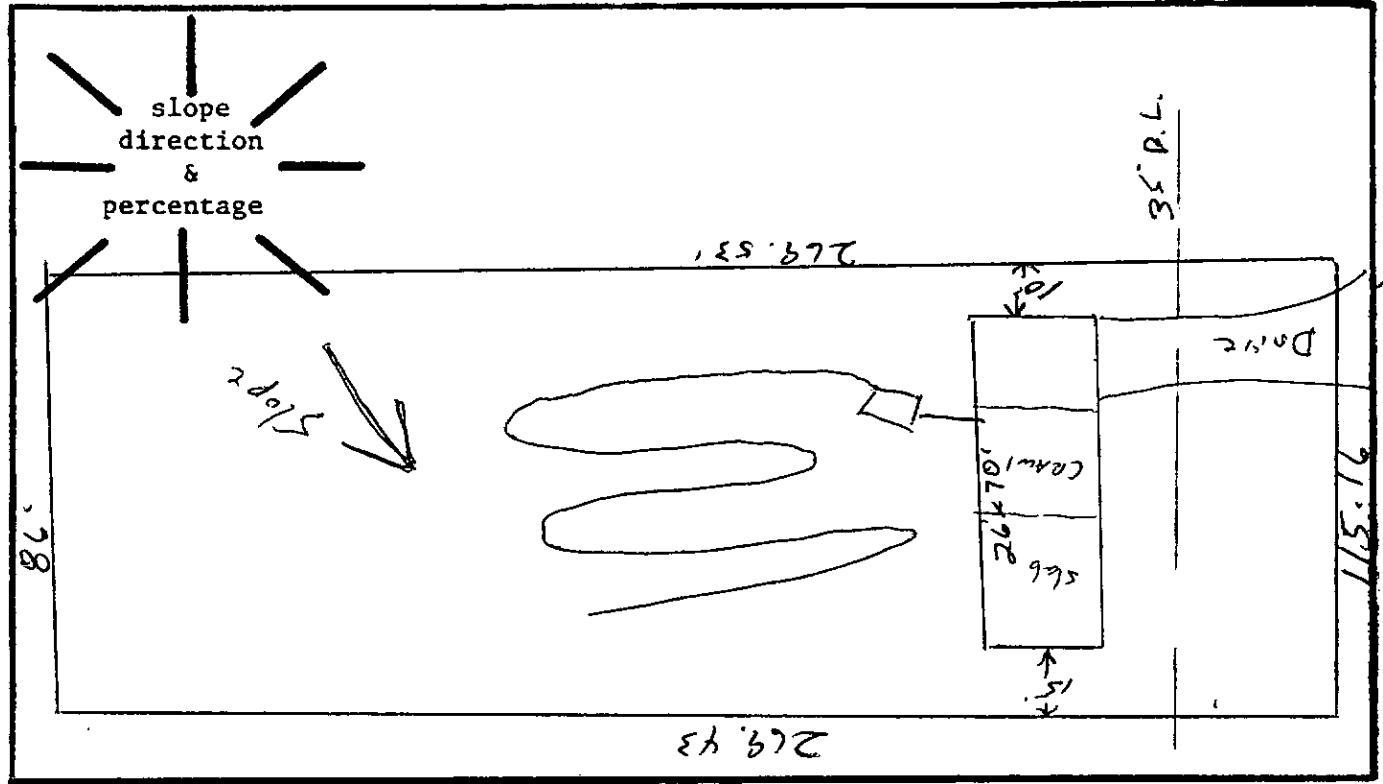
Site Approval

Subdivision Stonehenge Crossing Lot 10 Block B Acreage \_\_\_\_\_  
Street Address 2340 Rockwell Dr. Water Supply City  
House Design: Slab \_\_\_\_\_, Crawl Space \_\_\_\_\_, Split Level , Basement \_\_\_\_\_ (check one)  
Stub Out Location: Slab \_\_\_\_\_, Crawl Space , Split Level \_\_\_\_\_, Basement \_\_\_\_\_  
Number of Bedrooms 3 Garbage Disposal No  
Soil Data: (a) Percolation Rate \_\_\_\_\_ Engineer or Surveyor \_\_\_\_\_  
Soil Type from Soil Survey APPLING

- BUILDERS SKETCH -

The following information must be provided by builder or owner:

- (1) Lot sketch, 1-40 scale (1" = 40') showing lot dimensions, proposed building line and side line distances, dimensions of building; (2) street or road name; (3) well location if applicable; (4) location of driveway, patio, other paved surfaces; (5) location of underground utilities; (6) location of plumbing stub-out and at what level (7) location of all easements.



In the absence of professional soil data records the builder and/or owner will be held responsible for subsurface rock formations and high water tables. The above information as furnished is true, and correct to the best of my knowledge; therefore, I hereby apply for a building and an on-site sewage management system inspection based upon this information.

Date of Application 8-1-88 Builder or Owner G+M Carter Inc. Phone # 925-5195

Depth of Absorption Field 45-60" Gravel Depth 30"

Approved 8-3-88 [Signature] Disapproved \_\_\_\_\_

ON-SITE SEWAGE MANAGEMENT SYSTEM INSPECTION REPORT

County Code  
067

Construction Permit  
7788

Case Number (FHA, VA, etc.)

Health Dist.  
ME

Day  
14

Month  
09

Year  
88

Property Location  
Stonehenge Crossing S/D  
2340 Lot 10-B

Property Owner  
G+M Contractors, Inc.  
Sewage Disposal Contractor  
Dan Crowe

County  
Gwinnett

ALL ITEMS: Blank = Not Applicable; 0 = Unknown

\*ITEMS: 1 = Yes; 2 = No

SECTION A - GENERAL

- Type Water Supply:  
(1) Public, (2) Community, (3) Individ.
- Financial Assistance:  
(1) FHA, (2) VA, (3) Farmers Home, (4) Conventional, (5) Other
- House Structure:  
(1) New, (2) Existing < 1 year, (3) Existing > 1 year
- Sewage Disposal Installation:  
(1) New, (2) Repair to existing sys.
- If Repair of Existing System - Years System Installed:  
(1) < 1 year, (2) 1 - 2, (3) 2 - 3, (4) 3 - 5, (5) 5 - 10, (6) > 10
- Percolation Rate Min./In.:
- \*Is Property Part of a Subdivision:

SECTION B - FACILITY

- Type Facility: See Code Below
- Water Usage Determined by:  
(1) No. Bedrooms, (2) No. Gallons
- Number Bedrooms or Gallons:

SECTION C - LOT SIZE

- Lot Depth (Average):
- Lot Width (Average):
- Building Line (Feet):

SECTION D - PRIMARY TREATMENT

- Sewage Disposal Method:  
(1) Septic Tank, (2) Construction Privy, (3) Pit Privy, (4) Aerobic Unit, (5) Other
- Septic Tank Capacity (gallons):
- Unit 1 Tank/Compartment Capacity:
- Septic Tank Inside Length (feet):
- Septic Tank Inside Width (feet):
- Septic Tank Liquid Depth (feet):
- Septic Tank Material:  
(1) Precast concrete, (2) Poured in place, (3) Other
- Dosing Tank Capacity (gallons):
- Grease Trap Capacity (gallons):
- Distance Septic Tank from Well:

SECTION E - SECONDARY TREATMENT

- Field Layout Method:  
(1) Distribution Box, (2) Level Field, (3) Serial, (4) Mound, (5) Other
- Absorption Field:
- Total Square Feet

- Total Linear Feet
- Length each Trench (feet)
- Width of Trenches (inches)
- Number of Trenches
- Distance between Trenches
- Average Trench Depth (inches)
- \* Aggregate Proper Size
- \* Aggregate Proper Depth
- Distance from Building Foundation
- Nearest Property Line:  
(1) Front, (2) Rear, (3) R. Side, (4) L. Side
- Distance Nearest Property Line
- Distance Privy or Absorption Field from Well

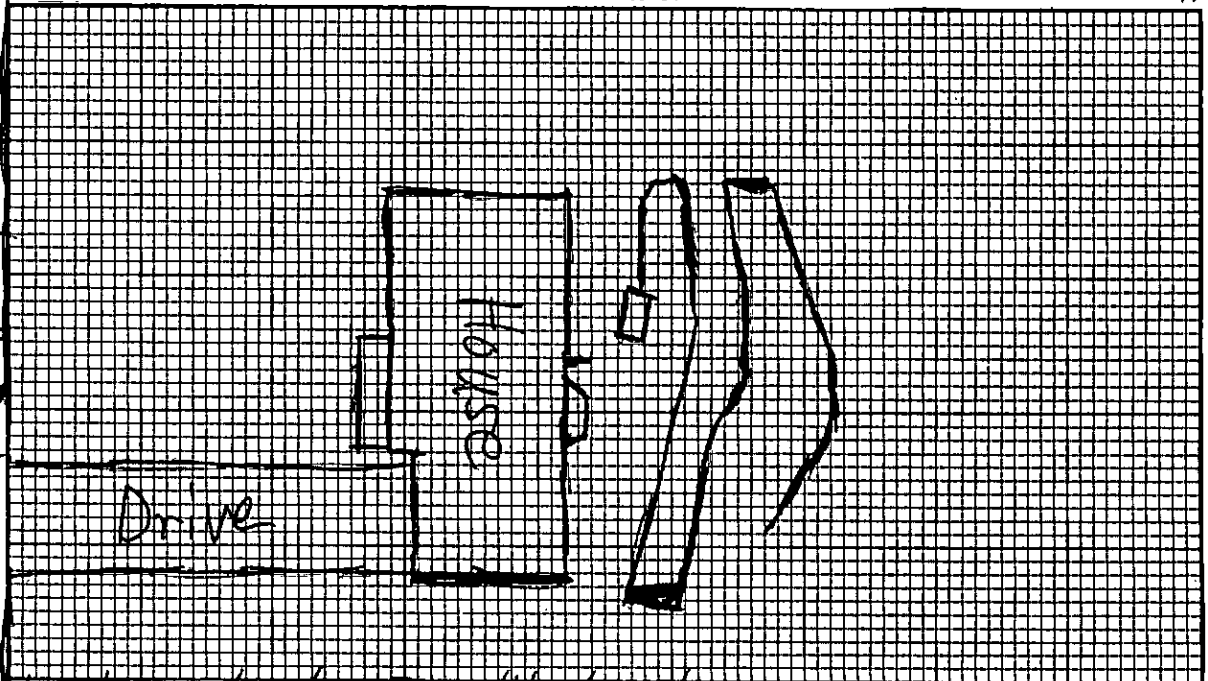
SECTION F - HEALTH AGENCY TIME

- Total Inclusive Time (min.):

SECTION G - SYSTEM APPROVED

- \* Yes
- No

Sketch



Remarks: Unfinished in lower level or split level.

Inspected By: [Signature] Title: [Signature] Health Agency: [Signature]