GEORGIA DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL
For On-Site Sewage Management System

COUNTY:	SUBDIVISION:	LOT NUMBER:	BLOCK:
Towns	Kelley Subdivison	17 and 18	a

PROPERTY LOCATION (ADDRESS/DIRECTIONS):
3755 WOODS CREEK DRIVE YOUNG HARRIS, GA 30582 North on Hwy 339, right on woods grove, right on woods creek drive lot will be on the left.

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.

PROPERTY OWNER'S/AUTHORIZED AGENT'S SIGNATURE:	DATE:
[signature]	08/06/2019

PROPERTY OWNER'S NAME:	PHONE NUMBER:	ALTERNATE PHONE NUMBER:
Allison Goddard	(816) 510-7068	

PROPERTY OWNER'S ADDRESS:
2848 CRESTWOOD AVE. CHATTANOOGA, TN 37415 * Repair *

AUTHORIZED AGENT'S NAME (IF OTHER THAN OWNER):	PHONE NUMBER:	RELATIONSHIP TO OWNER:

Section A — General Information

1. REQUIRED SETBACK FROM RECEIVING BODIES (wells, lakes, sinkholes, streams, etc.) EVALUATED:	5. TYPE OF STRUCTURE (single/multi-family residence, commercial, restaurant, etc.):	9. SOIL SERIES (e.g. Pacolet, Orangeburg, etc.):
(1) Yes (2) No	Single-Family Residence	
2. WATER SUPPLY:	**6. WATER USAGE BY:**	**10. PERCOLATION RATE / HYDRAULIC LOADING RATE:**
(1) Public (2) Private (3) Community	Bedroom Numbers	
3. SEWAGE SYSTEM TO BE PERMITTED:	**7. NO. OF BEDROOMS / GPD:**	**11. RESTRICTIVE SOIL HORIZON DEPTH (INCHES):**
(1) New (2) Repair (3) Addition	4	
4. LOT SIZE (SQUARE FEET / ACRES):	**8. LEVEL OF PLUMBING OUTLET:**	**12. SOIL TEST PERFORMED BY:**
.5	(1) Ground Level (2) Basement (3) Above ground level	

Section B — Primary / Pretreatment

1. DISPOSAL METHOD:	2. GARBAGE DISPOSAL:	3. SEPTIC TANK CAPACITY (GALLONS):	4. ATU Capacity:	5. DOSING TANK CAPACITY (GALLONS):	6. GREASE TRAP CAPACITY (GALLONS):
Septic Tank	(1) Yes (2) No	1000	0		

Section C — Secondary Treatment

1. ABSORPTION FIELD DESIGN:	4. TOTAL ABSORPTION FIELD SQUARE FEET REQUIRED:	7. NUMBER OF ABSORPTION TRENCHES:
(1) Level Field (2) Serial (3) Drip (4) Bed (5) Distribution Box (6) Mound/Area Fill (7) Other	780	
2. ABSORPTION FIELD PRODUCT:	**5. TOTAL ABSORPTION FIELD LINEAR FEET REQUIRED:**	**8. SPECIFIED LENGTH OF ABSORPTION TRENCHES:**
Quick 4 Plus High Capacity - 14	260	
3. AGGREGATE DEPTH (inches):	**6. DEPTH OF ABSORPTION TRENCHES (range in inches):**	**9. Distance Between Absorption Trenches :**
	30 – 36	

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 TWELVE (12) MONTHS FROM DATE OF ISSUANCE.

ANY GRADING, FILLING, OR OTHER LANDSCAPING SUBSEQUENT TO ISSUANCE OF A PERMIT MAY RENDER PERMIT

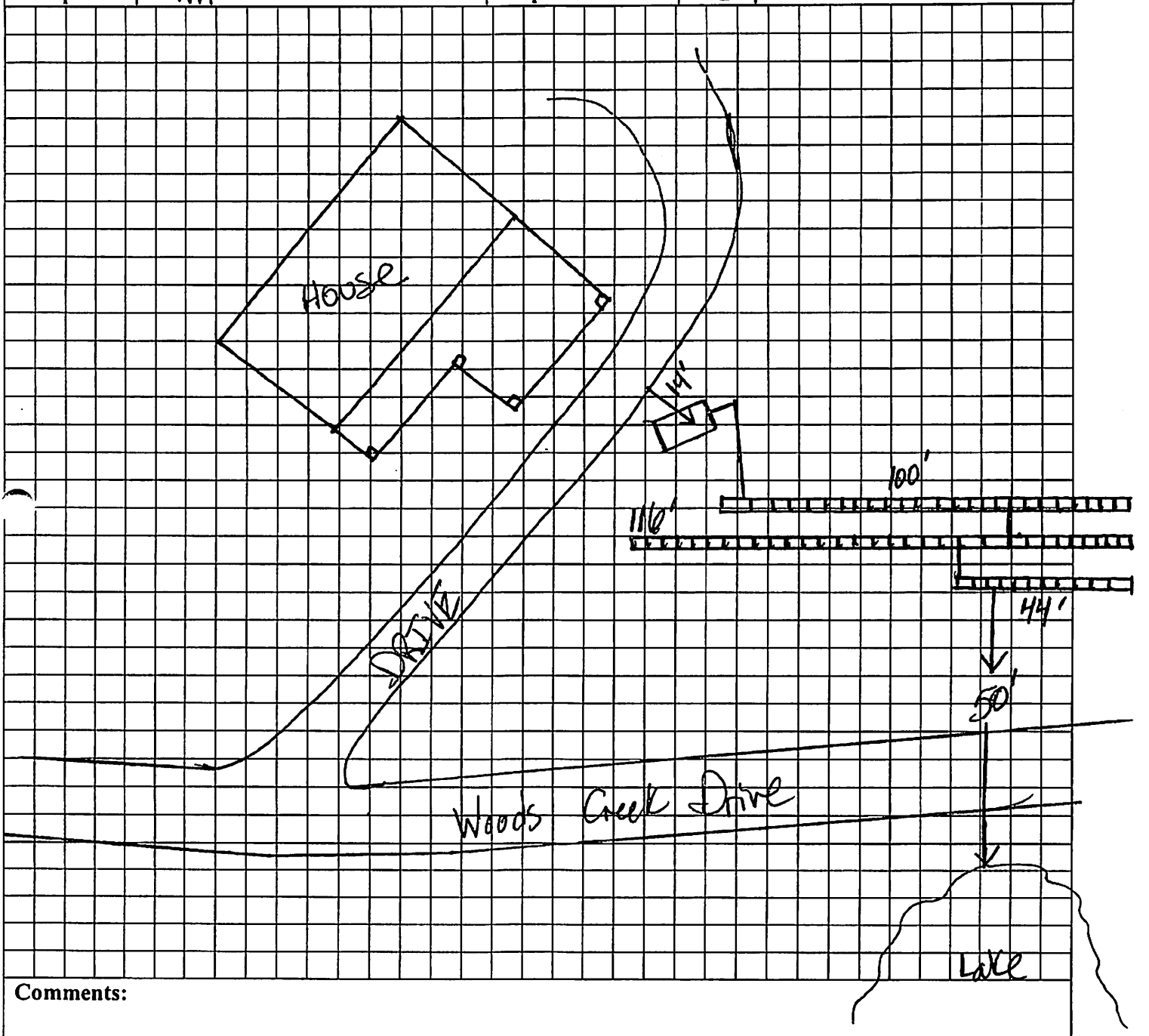
1. SITE APPROVED AS SPECIFIED ABOVE:
(1) Yes (2) No

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 SEWAGE MANAGEMENT SYSTEM, MAY RENDER APPROVAL VOID. INSTALLATION CONTRACTION IS RESPONSIBLE FOR LOCATING PROPER DISTANCES FROM BUILDINGS, WELLS, PROPERTY LINES, ETC.

ISSUANCE OF A CONSTRUCTION PERMIT FOR AN ON-SITE SEWAGE MANAGEMENT SYSTEM, AND SUBSEQUENT APPROVAL OF SAME BY REPRESENTATIVE OF THE GEORGIA DEPARTMENT OF PUBLIC HEALTH 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 REPRESENTATIVE(S) 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.

APPROVING ENVIRONMENTALIST:	TITLE:	DATE:	CONSTRUCTION PERMIT NUMBER:
Tony Bellamy	Environmental Health Specialist IV	08/06/2019	OSC13900391

Permit #	OSC13900391	Septic Tank	Existing
Owner	Allison Goddard	Filter	Not Observed
Installer	Sodbuster	Absorption Field	Infiltrator Quick 4 HC
Well	NA	Linear Feet	260'
Pump Tank	NA	Depth	34"



Comments:

Inspected by: Tony Barbara

Date: 8-13-2019