

**APPLICATION FOR NON-RESIDENTIAL ON-SITE SEWAGE MANAGEMENT SYSTEM PERMIT**

CONSTRUCTION ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_ ACREAGE \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROPERTY OWNER ADDRESS \_\_\_\_\_

BUILDER \_\_\_\_\_

APPLICANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DIRECTIONS TO SITE \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_

**TYPE FACILITY**

\_\_\_\_\_ Multi Residential  
 \_\_\_\_\_ Industrial  
 \_\_\_\_\_ COMMERCIAL

Description of Construction \_\_\_\_\_  
 \_\_\_\_\_

**SITE INFORMATION**

\_\_\_\_\_ STAKED  
 \_\_\_\_\_ GRADED

**BUILDING DESIGN**

\_\_\_\_\_ # OF BEDROOMS  
 \_\_\_\_\_ # OF PERSONS  
 \_\_\_\_\_ GALLONS PER DAY  
 \_\_\_\_\_ SLAB  
 \_\_\_\_\_ CRAWSPAC  
 \_\_\_\_\_ SPLIT LEVEL  
 \_\_\_\_\_ BASEMENT WITH PLUMBING  
 \_\_\_\_\_ BASEMENT WITHOUT PLUMBING  
 \_\_\_\_\_ # OF SHIFTS

**WATER SOURCE**

\_\_\_\_\_ PUBLIC  
 \_\_\_\_\_ INDIVIDUAL (WELL)  
 \_\_\_\_\_ EXISTING  
 \_\_\_\_\_ PERMIT

**Type Effluent**

\_\_\_\_\_ Domestic  
 \_\_\_\_\_ Industrial  
 \_\_\_\_\_ Medical  
 \_\_\_\_\_ Food Service

**TYPE SYSTEM**

\_\_\_\_\_ Gravel  
 \_\_\_\_\_ Tire Chips  
 \_\_\_\_\_ Eight-Inch Modified  
 \_\_\_\_\_ Crumpler 8"  
 \_\_\_\_\_ Crumpler 10"  
 \_\_\_\_\_ Corr-A-Guard 8"  
 \_\_\_\_\_ Corr-A-Guard 10"  
 \_\_\_\_\_ PURAFLO  
 \_\_\_\_\_ Clearwater

\_\_\_\_\_ EZflow 0904H  
 \_\_\_\_\_ EZflow 1203H  
 \_\_\_\_\_ EZflow 1303T  
 \_\_\_\_\_ MPS-13-36  
 \_\_\_\_\_ MPS-13  
 \_\_\_\_\_ MPS-11  
 \_\_\_\_\_ MPS-9  
 \_\_\_\_\_ Ecoflo ST-650 Biofilter  
 \_\_\_\_\_ Mound

\_\_\_\_\_ Infiltrator High Capacity  
 \_\_\_\_\_ Infiltrator Standard  
 \_\_\_\_\_ Hancor High Capacity  
 \_\_\_\_\_ Hancor Standard  
 \_\_\_\_\_ BioDiffuser High Capacity  
 \_\_\_\_\_ BioDiffuser Standard  
 \_\_\_\_\_ Wasteflow Classic  
 \_\_\_\_\_ Wasteflow PC

I hereby apply for a construction permit to install or construct an on-site sewage management system and agree that the system will be installed to conform with the requirements of the Rules and regulations of the Georgia Department of Human Resources, Public Health, Chapter 290-5-26. I certify that the above information as furnished is accurate to the best of my knowledge. I understand that if I change any information included on this application, including type of system, that I must notify the Troup County Health Department. I understand if the site is altered after permitting without prior approval from the Troup County Health Department that the permit is voided. I understand that the system must be installed by a certified contractor and that final inspection is required. I will notify the Troup County Health Department upon completion of construction and before applying final cover. I understand that the Troup County Health Department will not be responsible for conditions unknown at the time of permit issuance. This application expires (12) months from the date of issue.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ REVISED 5/01/06