

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