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HALL COUNTY BOARD OF HEALTH
P.O. BOX 1295, 430 PRIOR STREET GAINESVILLE, GA 30503
APPLICATION FOR CONSTRUCTION PERMIT
FOR ON-SITE SEWAGE MANAGEMENT SYSTEM

Application Date:

Feb 4, 2000

Permit Number: S-069-2000-00217

Property Address: 6147 OLD DAHLONEGA HIGHWAY
CLERMONT, GA 30527

Builder/Company: ADAMS CONSTRUCTION

Owner's Name: AUBREY & BETTY FLOYD

Owner's Address: 4155 FRANK NEELY ROAD
NORCROSS, GA 30092

Lot Number:

Subdivision:



Facility Type: RESIDENCE

Lot Size: 23.00

Bedrooms: 3

Percolation Rate: 28

Absorption Field Area:

Linear Ft: Square Ft:

243

Trench Width: 36 Inches

Water Supply: INDIVIDUAL

Garbage Disposal: No

Grease Trap: Gals.

Water Table:

Trench Depth: Inches

48" MAX

Septic Tanks: 1000 Gals.

Dosing Tank: Gals.

Plumbing Level: BASEMENT *Ground level*

Type System:

Field Layout: SERIAL DISTRIBUTIO

Soil Type:

Directions:

129 N- LEFT 52- 3 MILES ON LEFT

Disclaimers:

TRASH/BURIAL PITS MUST BE REPORTED TO THE HEALTH DEPARTMENT.

ALL SURFACE AND/OR GROUND WATER MUST BE DIVERTED AROUND SEWAGE SYSTEM.

THERE MUST BE SUFFICIENT SPACE ON THE PROPERTY TO INSTALL ORIGINAL AND BACKUP CONVENTIONAL ONSITE SEWAGE SYSTEM.

THE ENVIRONMENTAL HEALTH DEPARTMENT WILL BE CHECKING FOR THE NUMBER OF BEDROOMS AND THE WIRING FOR GARBAGE DISPOSALS IN NEW HOMES.

AS OF 2/20/2000 ANY PERSON/PERSON'S INSTALLING ON SITE SEWAGE MANAGEMENT SYSTEMS MUST BE CERTIFIED BY THE STATE OR AN APPROVAL FOR THE SYSTEM WILL NOT BE ISSUED.

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 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.

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 have read and will comply with the additional requirements printed above. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.

Amanda Zygis
Signature (Owner or Applicant)

dat 2/22/00
ONLY VALID FOR CONSTRUCTION IF SIGNED
PROPOSED DRAWING IS ATTACHED

Must stay 100' from well.

~~*Will need engineer pump design.*~~

Sump Pump for Basement Plumbing

B

329-00-10:00-Jones Grading

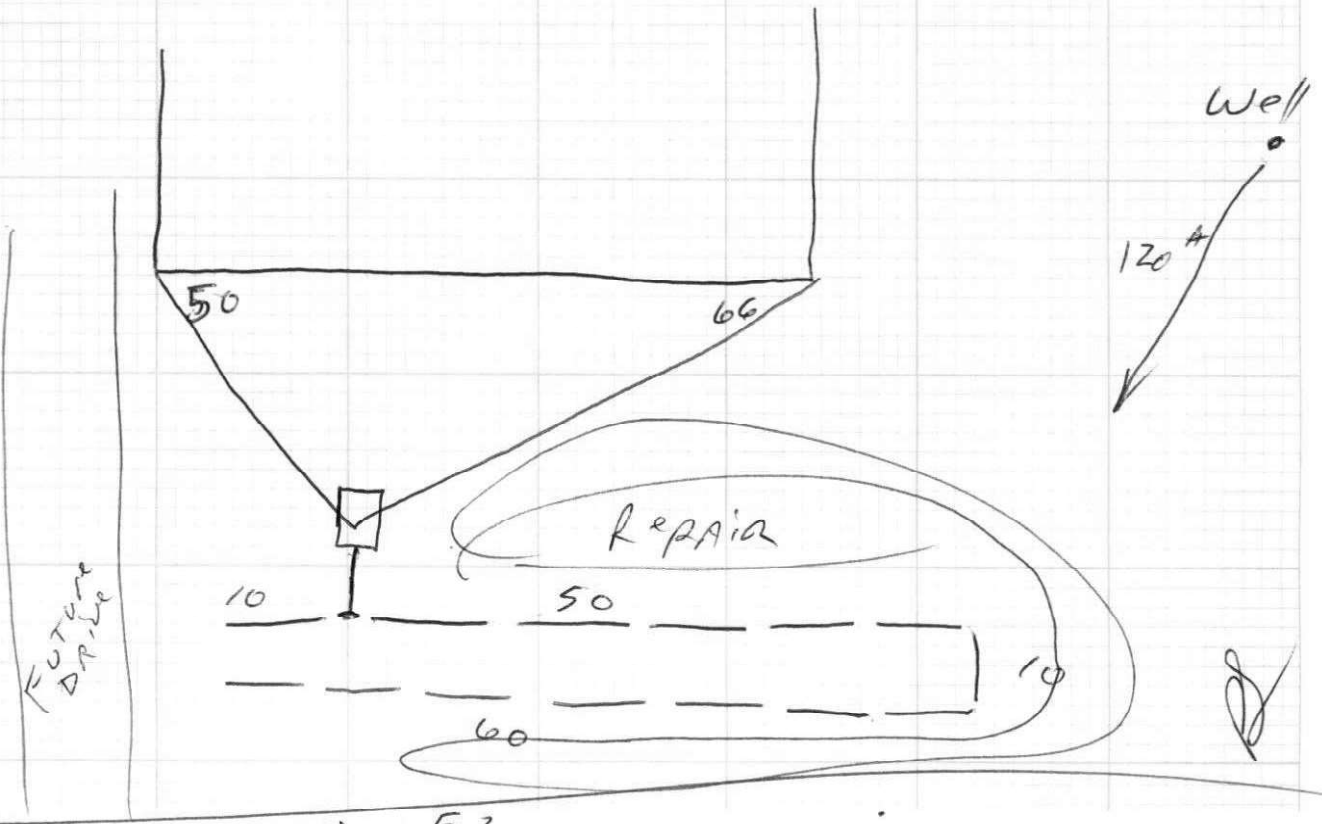
TL 3-29-00

BW 1000 compartmented
table filter

EZLAY 2003 vertical

130 ft TOTAL

Trench depth: 39" throughout



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Builder/Company: **ADAMS CONSTRUCTION**

Facility Type: **RESIDENCE**

Septic Installer:

Lot Size: **23.00**

Lot Number:

Subdivision:

Water Supply: **INDIVIDUAL**

Latitude:

Longitude:

Plumbing Level: **BASEMENT**

Bedrooms: **3**

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Garbage Disposal: **No**

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Grease Trap:

Gals.

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Trench Width:

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Septic Tanks:

Dosing Tanks:

Inches

Inches

1000 Gals.

Gals.

Directions:

129 N- LEFT 52- 3 MILES ON LEFT

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Proposed Site Approved By

Date

2/22/00

F
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Final Approval By
 Comments:

Date

3-29-00