

## Georgia Department of Public Health On-Site Sewage Management System Performance Evaluation Report Form

APPLICANT NAME:  MARCOS AGUILAR  APPLICANT PHONE:  APPLICANT EMAIL ADDRESS:		PROPERTY/SYSTEM ADDRESS: 3424 DAVIS BRIDGE RD GAINESVILLE, GA 30506	EVALUATION ID: 028239 COUNTY:		
			Hall		
		SUBDIVISION/LOT/BLOCK:	REASON FOR EVALUATION: Structure Addition		
100		Inspection Records	The second secon		
Yes	1 Inspection records	exist for this septic system.			
Yes	Inspection records indicate that all components of the septic system were properly constructed and approved at the time of original inspection. A copy of the original inspection report is attached.				
15.514	approved at the time	Maintenance Records (applicable copies are attac	hed)		
No	3. Maintenance or installation records indicate that the tank has been pumped out or installed within the past 5 years. Note: it is recommended that septic tanks be pumped at least once every 5 years.				
N/A	4. Systems with aerobic treatment unit(s) (ATU): Records indicate the ATU has been serviced in accordance with the manufacturer's recommended maintenance schedule OR an authorized representative of the manufacturer has provided documentation that the ATU is operating sufficiently.				
N/A	5. Systems with great	use trap(s): Maintenance records indicate the grease to documentation has been provided by a qualified indi- un 75% of the designed grease holding capacity and is	trap(s) has been pumped out within vidual confirming that the grease		
95,00	System Asses	sment and Existing Site Conditions (applicable o	opies are attached)		
N/A	6. The septic tank was uncovered at the time of this County Board of Health Evaluation OR maintenance records exist and the tank appears to meet the required design, construction, and installation criteria. The appropriateness of the sizing and installation criteria of the absorption field cannot be verified since no initial inspection records exist.				
N/A	land components.	d septic tank installer has provided written documenta			
No	8. This site evaluation by the County Board of Health revealed no evidence of system failure.				
No	9. This site evaluation by the County Board of Health revealed no evidence of adverse conditions which would affect the functioning of the system.				
4		Addition to Property			
N/A	10. This site evaluat	ation as well as the provided information indicate that the proposed construction to the nould not adversely affect the functioning of the existing system.			
FWEI		Relocation of Home or Change of Use			
N/A	11. This site evaluation as well as the provided information indicate that the system appears to meet the required design, construction, and installation criteria to accommodate the proposed relocation of the home change of use for the facility should not adversely affect the functioning of the existing system.				

See 2nd page for evaluation notes, disclaimer, and signature.

## Performance Evaluation Report Form (continued)

Additional Notes/Comments:  Ad	ROPERTY/SYSTEM ADDRESS:		EVALUATION ID:	
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verify the above information to be correct <u>at the date and time of this evaluation only</u> . <b>Disclaimer:</b> This verification shall not be conducted by the proper functioning of this system for any given period of time. No liability is assumed for future damages that may be caused by the proper functioning of this system for any given period of time. No liability is assumed for future damages that may be caused by	if the chouse information to be contain at the date and time of		makes that may be railed in	