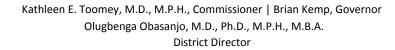


Kathleen E. Toomey, M.D., M.P.H., Commissioner | Brian Kemp, Governor Olugbenga Obasanjo, M.D., Ph.D., M.P.H., M.B.A. District Health Director

County:	
-	

Commercial Septic Repair Permit Application PROPERTY INFORMATION Business Name _____ Address City ______ State ____ Zip Code _____ LOT SIZE(acre) _____ BUILDING SIZE (sq ft) _____ Water Supply: Public _____ Private ____ OWNER INFORMATION Business Owner ____ Address ______ Suite _____ City ______ State _____ Zip Code _____ PH(1) ______ PH(2) _____ Fax _____ EMAIL _____ **APPLICANT INFORMATION** Name _____ Address_____ City ______ State _____ Zip Code _____ PH(1) ______ Fax _____ EMAIL _____

REASON FOR REPAIR APPLICATION					
FAILURE IN SYSTEM FUNCTION	ADDITION TO FACILITY(s)				





Commercial Septic Repair Permit Application

PLEASE PROVIDE SHORT DESCRIPTION OF PROBLEM:	PLEASE DESCRIBE ADDITIONS TO PROPERTY:			
TYPE FACILITY - (if property is a mall or strip shopping center, check all to be included within development)				
RESTAURANT - No. of seats Carry-out only (Y/N) Single service (Y/N)				
HOTEL/MOTEL – No. of rooms Kitchenette in rooms(Y/N) Breakfast bar (Y/N) (If "Y",				
requires food service permit) Pool (Y/N) (if "Y", requires public pool permit)				
EVENT CENTER/ASSYMBLY HALL - Capacity of facility To be catered (Y/N)				
Food prepared on site (Y/N) (If "Y", food service permit required)				
CHURCH – No. of seats Kitchen(Y/N)	Public Daycare (Y/N) Public School (Y/N)			
SCHOOL – No. of students/faculty/ C	afeteria (Y/N) Gym (Y/N)			
DAYCARE – No. of children/staff/	Meals (Y/N) Washing Machine (Y/N)			
MEDICAL OFFICE - No. of exam rooms	Washing Machine (Y/N)			
DENTAL OFFICE – No. of chairs Continuo	ous water (Y/N) Demand Water (Y/N)			
Washing Machine (Y/N)				
VETERINARY/ANIMAL CLINIC - No. of runs	No. of cages No. of employees			
Washing Machine (Y/N)				
SALON/BARBER – No. of chairs No. of en	mployees Washing Machine (Y/N)			
RETAIL/CONVENIENCE STORE (freestanding) - No. of restrooms No. toilets/urinals/				
RETAIL (strip mall/center) - Total Enclosed Sq. Ft				
OFFICE/FACTORY – Number of employees	Kitchen (Y/N) Showers (Y/N)			



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Commercial Septic Repair Permit Application				
TYPE OF SYSTEM PREFERRED: Conventional/gravel	Polystyrene (EZ Flow,etc) Chamber			
Other (specify)				
I hereby apply for a construction permit to install or construct an on-site wastewater management system. The system will be installed to conform to the rules and regulations of the Georgia Department of Public Health, Chapter 511-3-1. I understand that final inspection is required and will notify the County Environmental Health Department upon completion of construction and before applying final cover. Permit expires 12 months from the date of issue. The information as furnished in this application is true, and correct to the best of my knowledge. The				
owner/applicant is responsible for adverse soil conditions, such as rock or water tables encountered. The grant of a permit by the County Board of Health for the installation of any on-site wastewater management system does not constitute a warranty of endorsement.				
Signature	Date of application			
Print Name				

FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS APPLICATION COULD RESULT IN A DELAY OF PERMIT APPROVAL