PEACH COUNTY HEALTH DEPARTMENT – Environmental Health Services 406 EAST CHURCH STREET / FORT VALLEY, GA 31030 / PHONE: (478) 825-6134 / FAX: (478) 825-6792

Fee due at time of application submittal: \$200.00 New Residential System \$100.00 New Secondary Residential System

911 Address:				
S	treet		City	Zip code
Subdivision:		_Lot/Block: _	Lot Siz	ze:
Property owner:				
		Print		
Owner Address: S	treet		City	Zip code
Email:				-
Applicant/Agent's Name:				
			Print	
Applicant Address:	Stree	t	City	Zip code
Email:			Phone:	
•••••••••••••••••••••••••••••••••••••••	••••••	••••••••••••••	••••••	••••••
Water Supply: Pul	olic	Individual Well	Community	Supply
Number of Bedrooms:	Garb	age Disposal:	YesI	No
Slab Baseme	nt	Crawl Space	Other (spec	ify)
If Basement, will plumbing be	e installed	in the baseme	nt:Yes	_No
Are there any Creeks, Strear	ms, or Por	nds on the prop	erty:Yes	No

New lots will need to have proposed structures and property lines flagged before the EH specialist visits the property.

Below please provide a sketch of the lot showing **1**) lot dimensions, proposed building location/dimensions; **2**) street or road name; **3**) well location if applicable and well locations on adjacent property; **4**) driveway, future pool area, deck/patio, or other paved surfaces; **5**) underground utilities; **6**) proposed plumbing stub out **7**) easements

Sketch – (include directions to property – back of page may be used)

* Sites with poor percolation, redoximorphic features or impervious soil horizons within twentyfour (24) inches of the planned absorption trench bottom, a seasonal high water table within thirty (30) inches of the original ground surface or other questionable soil features will require evaluation from an approved soil classifier.

The above information as furnished is true and correct to the best of my knowledge. I hereby apply for an on-site sewage management system construction permit and inspection of that system based upon this information.

Signature: Date:	
Date submitted:/ Clerk: Amount Paid: \$	

Receipt #: _____