

<b>PERMIT NUMBER</b> 8945		<b>Union County Health Department</b> 55 Hughes St., Suite A, Blairsville, GA 30512		<b>BUILDING PERMIT NO.</b>	
<b>APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL</b> <b>FOR ON-SITE SEWAGE MANAGEMENT SYSTEM</b>		<b>RECEIPT NUMBER</b> 6995			
<b>(DATES)</b> 5-15-97		<b>MAILED</b> <input checked="" type="checkbox"/> <b>GIVEN</b> <input type="checkbox"/>			
<b>Subdivision, Street or Road</b> 3799 LIBERTY CHURCH LN		<b>Property Location (Address, Block, Lot, Directions to Property)</b> TOWN CREEK TO LIBERTY CHURCH RD RIGHT ON LIBERTY CHURCH LN 310 DRIVE ON LEFT.			
<b>Property Owner's Name</b> BILL LAMAR		<b>MUST BE INSPECTED</b> CALL (706) 745-6292 BEFORE 9 AM		<b>Date</b> 5-6-97	
<b>Owner's Address</b> 3799 LIBERTY CHURCH LN		<b>BRUCE STEWART</b>		<b>Phone No.</b> 745-5344	
<b>Permit Applicant's Name and Address</b>		<b>Phone No.</b>			
<b>Type Facility (Residence, Church, Motel, Restaurant, etc.)</b>		<b>Water Supply</b> <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Individual		<b>Garbage Disposal</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<b>No. of Bedrooms or No. of Gallons Per Day</b> 3	
<b>Lot Size</b> 31 ACRES		<b>Soil Conditions (Absorption Field)</b> Percolation Rate _____ Min./In; Water Table or Rock Depth _____ Feet; Soil Type _____			
<b>Total Capacity</b> Septic Tank 1000 Gals. Dosing Tank _____ Gals. Grease Trap _____ Gals.		<b>Absorption Field Area</b> Total Sq. Ft. 21 JOINTS Total Linear Ft. _____ Trench Width In. _____ Trench Depth In. _____		<b>Type System</b> CHAMBER <b>Level of Plumbing Outlet</b> <input type="checkbox"/> Ground Level <input type="checkbox"/> Split Level <input type="checkbox"/> Basement	
				<b>Field Layout Method</b> <input type="checkbox"/> Distribution Box <input type="checkbox"/> Mound <input type="checkbox"/> Level Field <input type="checkbox"/> Serial Distribution <input type="checkbox"/> Other (Explain below)	
<p>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 understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.</p> <p>A permit is hereby granted to install or construct the on-site sewage management system described above. This permit is not valid unless properly signed below, and expires twelve (12) months from date of issue.</p> <p>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.</p>					
<b>Signature (Owner or Applicant)</b>		<b>Remarks</b>			
<p>10 11 PROPOSE HOUSE DRIVE 500' WELL</p>					
<b>Approved by (Health Department Representative)</b> Karen Stone		<b>Date of Issue</b>		<b>Date Inspected</b> 5-9-97	
				<b>Proposed Layout</b> Final Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	