

# Georgia Department of Human Resources On-Site Sewage Management System Inspection Report

County <b>Spalding</b>	Construction Permit <b>126-02-OSSM-003569</b>	Product Info <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Health Dist <b>4</b>	Date <b>8/15/2002</b>
---------------------------	--	---	-------------------------	--------------------------

<b>Property Location</b> <b>593 Steele Road</b> 593 Steele Rd Griffin, GA 30223	<b>Property Owner</b> Michael & Cynthia Boggs  <b>Sewage Disposal Contractor</b> L & L	<b>County</b> Spalding
--	--	---------------------------

All Items: Blank = not applicable; 0 = unknown

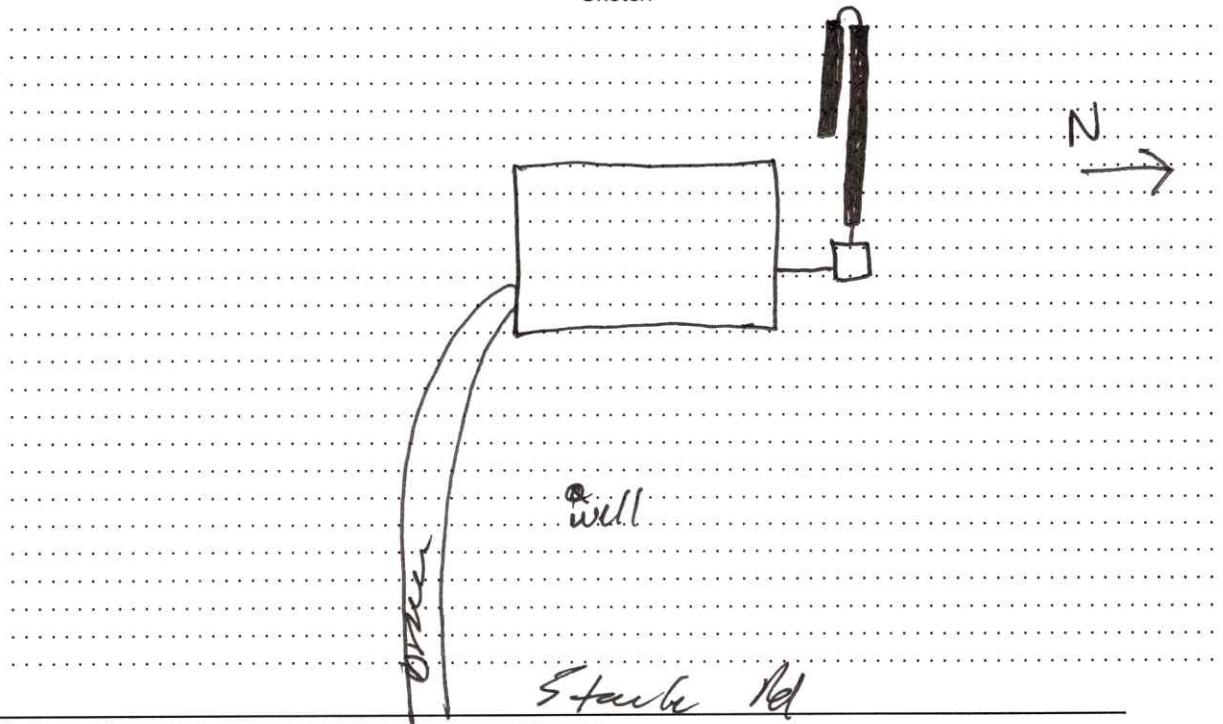
<b>Section A – General</b>					
1. Type Water Supply: (1) Public (2) Community (3) Individual	1	3. Filter Type – Zabel		e. Number of trenches:	2
2. House Structure: (1) New (2) Existing < 1yr, (3) Existing > 1yr	1	4. Septic tank material: (1) Precast concrete (2) Poured in place (3) Other	1	f. Distance between trenches:	10
3. Sewage Disposal Installation: (1) New, (2) Repair to existing system	1	5. Dosing tank capacity in gallons:		g. Average trench depth:	60
4. If repair to existing system, Years existing system installed:		6. Dosing observed ?	No	h. Aggregate proper size:	
5. Percolation Rate: Minutes/Inch:		7. Grease trap capacity in gallons:		i. Aggregate proper depth:	
6. Is property part of a subdivision?	No	8. Distance between septic tank and well:	100	j. Distance from building foundation:	15
<b>Section B – Facility</b>		<b>Section D – Secondary treatment</b>		<b>Section E – Agency Time</b>	
1. Type Facility: see facility codes below	1.	1. Field Layout Method: (1) Distribution box (2) Level field (3) Serial (4) Mound (5) Other	3	k. Nearest property line: (1) Front (2) Rear (3) Right side, (4) Left side	3
2. Water Usage determined by: (1) No. of bedrooms, (2) No. of gallons	1	2. Absorption Field: (a) Total square feet:	450	l. Distance to nearest property line:	40
3. Number of bedrooms or gallons:	3	b. Total linear feet:	150	m. Distance from privy or absorption field to well:	110
<b>Section C – Primary Treatment</b>				<b>Section F – System Approved:</b>	
1. Sewage Disp Method (1) Septic Tank (2) Construction privy (3) Pit privy (4) Aerobic unit (5) Other	1	c. Length of each trench in feet:	75	1. Total inclusive time in minutes:	110
2. Septic tank capacity in gallons:	1000	d. Width of trenches in inches:	36	(1) Yes (2) No	Yes

**Facility Type Codes:**

- (1) Residence
- (2) Industrial
- (3) Institution
- (4) Restaurant
- (5) Church
- (6) Tourist Accommodation
- (7) Mobile Home Single/Double
- (8) Other (Specify)

Other: \_\_\_\_\_

Sketch



Remarks: \_\_\_\_\_

Inspected By <i>Randy W Smith</i>	Title <i>EHS III</i>	Health Agency Spalding County Health Department
--------------------------------------	-------------------------	--

CK# 1390 5/21/02  
Pd \$100.00 (KG)

**Spalding County Board of Health**  
**Georgia Department of Human Resources**  
**APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL**  
**FOR ON-SITE SEWAGE MANAGEMENT SYSTEM**

Subdivision, Street or Road <u>Steele Road</u>		Health District <u>4</u>	County <u>Spalding</u>
Property Location (address, Block, Lot, Directions to Property) <u>593 Steele Road</u>			
I hereby apply for a construction permit to install an onsite 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 290-5-26. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.			
Signature (Owner or Applicant): <u>Cynthia L. Boggs</u>		Date <u>5/21/02</u>	
Property Owner's Name: <u>Michael &amp; Cynthia Boggs</u>		Phone No. <u>770-228-8392</u>	
Owner's Address: <u>593 Steele Road, Griffin</u>			
Permit Applicant's Name: <u>Cynthia Boggs</u>		Phone No.	
Applicant's Address: <u>Same</u>			
Financial Assistance: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Farmers Home <input checked="" type="checkbox"/> Conventional Case Number _____			
Type Facility (Residence, Church, Motel, Restaurant, Etc.) <u>Residence</u>		No. Of Bedrooms <u>3</u> OR No. Of Gallons per Day _____	
Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Individual		Located Required Distances from Possible Pollution Source <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lot Size: Front _____ Ft., Rear _____ Ft., Right Side _____ Ft., Left Side _____ Ft., Square Ft./Acre <u>15 ac.</u>			
House Design: <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> Split Level <input type="checkbox"/> With Basement		Level of Plumbing Outlet: <input checked="" type="checkbox"/> Ground level <input type="checkbox"/> Split Level <input type="checkbox"/> Basement	
Soil Conditions (Absorption Field): Percolation Rate _____ Min/in. Water Table Depth _____ Ft. Soil Type (Rock, etc.) _____			
Sewage Disposal: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Unit <input type="checkbox"/> Construction Privy <input type="checkbox"/> Pit Privy <input type="checkbox"/> Other (Explain below)		Total Capacity: Septic Tank <u>1000</u> Gals. Dosing Tank _____ Gals. Grease Trap _____ Gals.	
Field Layout Method: <input type="checkbox"/> Mound <input checked="" type="checkbox"/> Serial Distribution <input type="checkbox"/> Distribution Box <input type="checkbox"/> Level Field <input type="checkbox"/> Other (Explain below)		Absorption Field Area: Total Sq. Ft. <u>780</u> Total Liner Ft. <u>260</u> Trench Depth In <u>48-60</u> Trench Width In <u>36</u>	
If Distribution Box is Used: No. of Lines _____ Length of Each Line, Ft. _____			
Site Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Special Conditions: (Use reverse side for sketch and addition space if needed)  <u>Follow Site Plan</u>			
<p style="text-align: center;"><b>PERMIT</b></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 taken 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>			
Construction Permit Number: <u>2050</u>		Date of Issue: <u>5-30-02</u>	
Approved by (Health Department Representative): <u>Randy Smith</u>		Title: <u>EHS IV</u>	

(Also See Reverse Side)