GILMER COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE MANAGEMENT SYSTEM PERMIT AND INSPECTION REPORT

PERMIT # 061- 001616

RECEIPT # 5738

S/D & Lot #: Eagle Mtn - LOT 1848
Directions: Legion Gate → Aprox 1.9 miles on Newport - drive on LT * 2037 Newport DR - site on RT side of Main House LOT 1849

PROPERTY OWNER & ADDRESS

Torregrossa John / Bonnie Tissier
2037 Newport DR # 9796
Ellijay, GA 30540
PHONE # 239-849-5922

I hereby apply for a permit to install or construct an individual On-Site Sewage Management System (OSSMS) and agree that the system will be installed to conform to the requirements of the Georgia Department of Public Health, Chapter 290-5-26 and current Gilmer County Board of Health requirements.
I understand that final inspection is required and will notify the Gilmer County Environmental Health Department at 706-635-6050 upon completion and before applying final cover to the OSSMS.
I understand that neither this permit, soil evaluation nor final inspection in any way guarantees the proper operation or functioning of the sewage system or in any way confer any liability or warranty of any kind upon the Gilmer County Board of Health, Georgia Division of Public Health, or its representatives.

I understand that this permit will expire (12) months from Issue date.

Owner/Applicant Signature Bonnie Tissier **Issue Date** 9-1-10

A. General

1. **Water Supply:**
   Well: Individual ___ Community ___
   Public X Other ___
2. **Facility Type** Residential / Garage Apt.
3. **# Bedrooms/Gallons** 1 TSF 576
4. **Basement** Garage **with Plumbing** yes
5. **Garbage Disposal:** ___ Yes X No
   (If yes, **Increase** septic tank capacity 50%)
6. **Lot Size** .68
7. **Type of System:**
   A. X New **B.** ___ Conventional
   ___ Repair ___ Alternative
   ___ Existing ___ Other ___
   ___ Addition

B. Minimum Requirements

C. System Inspection Are Requirements Met?

	YES	NO	N/A
1. Septic Tank 1000 gals.	✓		
2. Dosing Tank ___ gals.			
3. Absorption Field			
Gravel Specifications ✓			
a) Perc rate 45			
b) 300 sq. ft.	✓		
c) 100 linear ft.	✓		
4. Trenches:			
a) Width 3 ft.	✓		
b) Depth 30-40	✓		
c) Distance between 16 ft. (X)	✓		
*5. Septic Tank			
a) Distance from well/spring **50 ft min**	✓		
b) Distance from creek, etc. **25 ft mln**	✓		
*6. Absorption Field:			
a) Distance from well/spring **100 ft min**	✓		
b) Distance from creek, etc. **50 ft mln**	✓		

* Note: Some areas of county require greater set-backs
Allow for 100% replacement of drain-line with conventional system

D. Permit

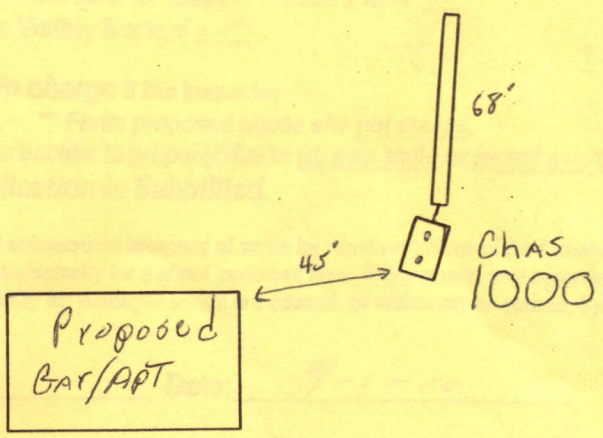
X Approved
___ Denied
Insp. [signature]
Date 9/2/10

E. System

X Approved
___ Disapproved
Insp. [signature]
Date 9-9-10

F. Sketch- As Installed:

Tank CHAS 1000 **Filter Type** TT
Installer Norman Chastain **Cert#** ___
Field Material: Q4 **% Reduction** 35
Well Installed: Y N (N/A)



G. Sketch/Special Conditions/Recommended Placement

Install in area of sals test

Comments: Proposed Gar.

Not to Scale