GILMER COUNTY HEALTH DEPARTMENT

RMIT #061-M8111	PROPERTY OWNER & ADDRESS:	
CEIPT# 3769	COMBS, DENNIE	
	746 Navaho Way, Unit 5632	
D&LOT#: Eagle Mountain - Lot 1849 rections:	Ellijay, Georgia 30540	
egion gate to pass Monocle Dr on RT to	6th lot PHONE#: 706-636-5115	
Inform to the requirements of the Georgia Department of Public Henderstand that final inspection is required and will notify the Gilme ver to the OSSMS. I further realize and understand that neither this permit, soil evaluage system nor in any way confers any liability or warranty of an	lealth, Chapter 290-5-26 and current Gilmer County Board of Health requirements er County Health Department at 706-635-6050. upon completion and before applying luation nor final inspection in any way guarantee the proper operation or functioning his permit will expire (12) months from issue date Issue Date	i. ing fin
vner/Applicant Signature		
1. Water Supply: Well: Individual Community Public XX_ Other 2. Facility TypeResidential / 2814TSF 3. # of Bedrooms / Gallons 4. Basement XX_ With Plumbing XX 5. Garbage Disposal. XXY ves No 6. Subdivision: XX_ Yes No 7. Lot Size671 8. Type of System: A. XX_ New B Conventional Alternative Existing Other Addition Permit Existing Other Approved Denied Disapproved Disapproved Date	B. Min. Requirements C. System inspective (Are requirements many part of the content of the con	ysten
Sketch / Special Conditions / Recommended Placement: 5TA LL SysTem FirsT	10 20'	NPL
This		
FATE DIDINLINE BACK OF		
ARE DEPINLING BACK OF ASE BELOW TEST HOLE 2 (STRY ON CONTOUR)	SITE	
	SITE	