



Georgia Department of Public Health

Bryan County Environmental Health

<input type="checkbox"/> Residential			<input type="checkbox"/> Commercial		
<input type="checkbox"/> New Septic Permit	<input type="checkbox"/> Evaluate Existing System	<input type="checkbox"/> Septic Repair or Addition	<input type="checkbox"/> Lot Evaluation	<input type="checkbox"/> Well Site or Permit	<input type="checkbox"/> Water Sample
<b>OWNER INFORMATION</b>			<b>APPLICANT INFORMATION (IF OTHER THAN OWNER)</b>		
Name _____			Name _____		
Mailing Address _____			Mailing Address _____		
City, State, Zip _____			City, State, Zip _____		
Home Phone (____) _____			Home Phone (____) _____		
Work/Cell (____) _____			Work/Cell (____) _____		
Fax (____) _____			Fax (____) _____		
Other Phone (____) _____			Other Phone (____) _____		
Email _____			Email _____		
<b>PROPERTY INFORMATION</b>					
PARCEL#/TAX MAP _____			LOT SIZE _____		
SUBDIVISION _____			LOT # _____		
911 ADDRESS _____		CITY _____		ZIP _____	
NUMBER BEDROOMS _____		NUMBER GALLONS PER DAY (IF COMMERCIAL) _____		GPD	
<b>GARBAGE DISPOSAL/GRINDER:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private Well <input type="checkbox"/> Community Well		
<b>TYPE OF STRUCTURE:</b> <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Commercial <input type="checkbox"/> Restaurant					
<input type="checkbox"/> Other: _____					
<input type="checkbox"/> PERMISSION TO ENTER YARD		<input type="checkbox"/> FENCE WITH GATE/CODE: _____		<input type="checkbox"/> ANIMALS IN YARD	
DIRECTIONS TO PROPERTY:					
<b>FOR EXISTING SYSTEMS AND REPAIRS</b>					
Original Septic Installed Date (If known) _____			Year Home Constructed (if known) _____		
When was Septic Tank last Serviced/Pumped (If known) _____					
<b>REASON FOR EXISTING SYSTEM EVALUATION:</b>					
<input type="checkbox"/> Home Addition <input type="checkbox"/> Swimming Pool Construction <input type="checkbox"/> Structure Addition to Property <input type="checkbox"/> Loan Closing for Home Sale					
<input type="checkbox"/> Health Dept Regulated Facility <input type="checkbox"/> Mobile Home Relocation <input type="checkbox"/> Other _____					
<b>REASON FOR WATER SAMPLE:</b> <input type="checkbox"/> Loan Closing/Refinance <input type="checkbox"/> Doctor Request <input type="checkbox"/> Foster Care/Adoption/Day Care					
<input type="checkbox"/> Health Dept Regulated Non-Public System <input type="checkbox"/> Regulated Facility					



Serving Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, and McIntosh counties.

We Protect Lives.

Sketch of Site Plan

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 Public Health. Chapter 511-3-1. By my signature, I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover material to the system.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Payment – Date Received: \_\_\_\_\_ Soil Report – Date Received: \_\_\_\_\_

Is Property in Water Service Area Y / N      Is Property in Sewer Service Area Y/N      Existing File# \_\_\_\_\_