



Bonzo Reddick, MD, MPH, District Health Director

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Savannah, GA 31406

150 Scranton Connector
Brunswick, GA 31525

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<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
OWNER INFORMATION			APPLICANT INFORMATION (IF OTHER THAN OWNER)		
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 _____		
PROPERTY INFORMATION					
PARCEL# _____		LOT SIZE _____			
911 ADDRESS _____		CITY _____		ZIP _____	
SUBDIVISION NAME _____			LOT NUMBER _____		
NUMBER BEDROOMS _____		NUMBER GALLONS PER DAY (IF COMMERCIAL) _____ GPD			
GARBAGE DISPOSAL/GRINDER: YES NO WATER SUPPLY: Public Private Well Community Well					
TYPE OF STRUCTURE: Single Family Residence Multi-Family Residence Commercial Restaurant Other: _____					
<input type="checkbox"/> PERMISSION TO ENTER PROPERTY		<input type="checkbox"/> FENCE WITH GATE/CODE: _____		<input type="checkbox"/> ANIMALS IN YARD	
DIRECTIONS TO PROPERTY:					
FOR EXISTING SYSTEMS AND REPAIRS					
Original Septic Installed Date (If known) _____ Year Home Constructed (If known) _____					
When was Septic Tank last Serviced/Pumped (If known) _____					
REASON FOR EXISTING SYSTEM EVALUATION:					
<input type="checkbox"/> Sale, Loan, or Ownership Transfer <input type="checkbox"/> Swimming Pool Const. <input type="checkbox"/> Structure Addition <input type="checkbox"/> Structure Renovation					
<input type="checkbox"/> Structure Replacement (New or Rebuild) <input type="checkbox"/> Structure Change of Use <input type="checkbox"/> Structure Relocation					
<input type="checkbox"/> Adoption/Foster Care <input type="checkbox"/> Required by Other Agency <input type="checkbox"/> Other					
REASON FOR WATER SAMPLE:					
<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					

Sketch a Site Plan (Please show where known power, gas, water lines are located. If unsure reach out to 811. Please include present and proposed locations of structures, water wells including any known neighboring wells, existing septic systems, driveways, swimming pools, ditches, etc. Please clearly indicate the proposed location for the septic tank and drainfield you are requesting to be permitted.)

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 all work shall be completed by a Georgia state certified septic installer, and final inspection is required by the County Health Department before final cover material is applied.

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# _____