

GILMER COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE MANAGEMENT SYSTEM APPLICATION, PERMIT, AND INSPECTION REPORT

Renewed
2/9/02
2/14/01

PERMIT NUMBER 061-M1036R
RECEIPT NUMBER 12357 1900

PROPERTY OWNER & ADDRESS: WORLD HARVEST CHURCH-ELLIJAY

PO BOX 2005
ELLIJAY, GA. 30540

TELEPHONE: 636-2200

SEWAGE CONTRACTOR: Douckreanx5

PROPERTY LOCATION:
515 S 2 MI, STRAIGHT ACROSS FROM REMAX REALTY

I hereby apply for a permit to install or construct an individual sewage disposal system and agree that the system will be installed to conform to the requirements of the former Georgia Department of Public Health, Chapter 290-5-26.

I understand that final inspection is required and hereby promise to notify the Gilmer County Health Department upon its completion and before applying final cover at 635-6050.

I further realize and understand that neither this permit nor the final inspection in any way guarantee the property operations of the sewage system nor in any way confers any guarantee or warranty of any kind. Also, I realize it is the property owner or his agents responsibility to locate and stay within property lines.

Owner/Applicant Signature [Signature] Date 2-9-00

A. GENERAL

- Water Supply:
 - individual (type) WELL
 - public: Yes No
- Type Facility CHURCH ADDITION
- # of Bedrooms or Gallons _____
- Subdivision: Yes No
- Lot Size: 4.4
- Type System:

A. <input checked="" type="checkbox"/> New	B. <input type="checkbox"/> Conventional
<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> Alternative <u>ChI</u>
<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Other _____

B. MIN. REQUIREMENTS	C. SYSTEM INSPECTION (ARE REQUIREMENTS MET?)
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
1. Septic Tank <u>2500</u> gals.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Dosing Tank <u>300</u> gals.	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>No K: Tchen</u>
3. Absorption field:	
a) <u>200 / 1024 IS</u> sq ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>24-ChI</u>
b) <u>300</u> linear ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. Trenches: a) width <u>3</u> ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b) depth <u>24</u> in.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
c) dist. between <u>8 1/2</u> ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Septic Tank:	
a) dist. well <u>50</u> ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b) dist. creek, etc. <u>25</u> ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. Absorption Field:	
a) dist. well <u>100</u> ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b) dist. creek, etc. <u>50</u> ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

D. SPECIAL CONDITIONS:
Allow for 100% replacement Drain-Line Sight Modification Slight Severe/Replacement System to be by gravity flow.
"Increase Septic Tank Capacity (50%) fifty percent where Garbage Grinders are to be used."
Any lot not in approved subdivision may void permit
Permit denied until the following submitted:

- Depth to water table
- Depth to bedrock
- Flood plain certificate
- Other _____

E. PERMIT: Approved Denied
F. SYSTEM: Approved Disapproved

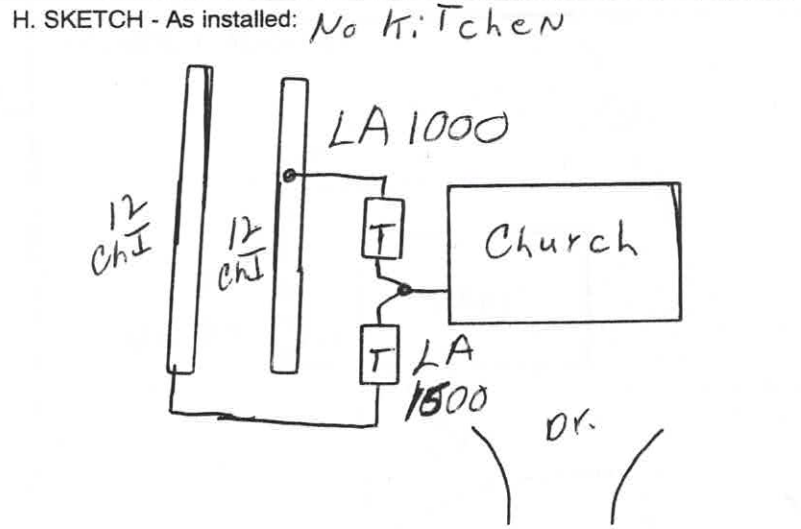
Insp. See Note G. Insp. [Signature]
Date 2/14/00-2/01 Date 11-20-01

G. SKETCH - Recommended Placement:

*Well to be certified by D.M.R.
System to be Temporary (2yr. Limit)*

[Signature]

01-M228 voided 10-20 removed



GILMER COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE MANAGEMENT SYSTEM APPLICATION, PERMIT, AND INSPECTION REPORT

PERMIT NUMBER 061-M228

PROPERTY OWNER & ADDRESS: 4/20/99

RECEIPT NUMBER 11630

ROY ABERCROMBIE

543 TAILS CRK RD

ELLIJAY, GA. 30540

TELEPHONE: 635-4107

SEWAGE CONTRACTOR: S&S CONTRACTOR

PROPERTY LOCATION:
515 S NEXT TO WORLD HARVEST CHURCH

I hereby apply for a permit to install or construct an individual sewage disposal system and agree that the system will be installed to conform to the requirements of the former Georgia Department of Public Health, Chapter 290-5-26.

I understand that final inspection is required and hereby promise to notify the Gilmer County Health Department upon its completion and before applying final cover at 635-6050.

I further realize and understand that neither this permit nor the final inspection in any way guarantee the property operations of the sewage system nor in any way confers any guarantee or warranty of any kind. Also, I realize it is the property owner or his agents responsibility to locate and stay within property lines.

Owner/Applicant Signature Roy Abercrombie

Date _____

A. GENERAL

1. Water Supply:
 - a) individual (type) WELL
 - b) public: Yes No
2. Type Facility COMMERCIAL - 1 BATHROOM
3. # of Bedrooms or Gallons _____
4. Subdivision: Yes No
5. Lot Size: 4.5
6. Type System:

A. <input checked="" type="checkbox"/> New	B. <input checked="" type="checkbox"/> Conventional
<input type="checkbox"/> Repair	<input type="checkbox"/> Alternative
<input type="checkbox"/> Existing	<input type="checkbox"/> Other _____

D. SPECIAL CONDITIONS:

Allow for 100% replacement Drain-Line Sight Modification Slight Severe/Replacement System to be by gravity flow.

"Increase Septic Tank Capacity (50%) fifty percent where Garbage Grinders are to be used."

Any lot not in approved subdivision may void permit
Permit denied until the following submitted:

- Depth to water table
- Depth to bedrock
- Flood plain certificate
- Other _____

G. SKETCH - Recommended Placement:

Voided
See 061-111036

B. MIN. REQUIREMENTS

1. Septic Tank 1000 gals.
2. Dosing Tank _____ gals.
3. Absorption field:
 - a) 300 sq ft
 - b) 100 linear ft.
4. Trenches:
 - a) width 3 ft.
 - b) depth 36 in.
 - c) dist. between 10 ft.
5. Septic Tank:
 - a) dist. well 50 ft.
 - b) dist. creek, etc. 25 ft.
6. Absorption Field:
 - a) dist. well 100 ft.
 - b) dist. creek, etc. 50 ft.

C. SYSTEM INSPECTION

(ARE REQUIREMENTS MET?)

YES NO

- | | | |
|------------------------------------|-------------------------------------|--------------------------|
| 1. Septic Tank <u>1000</u> gals. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Dosing Tank _____ gals. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Absorption field: | | |
| a) <u>300</u> sq ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) <u>100</u> linear ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Trenches: a) width <u>3</u> ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) depth <u>36</u> in. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) dist. between <u>10</u> ft. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Septic Tank: | | |
| a) dist. well <u>50</u> ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) dist. creek, etc. <u>25</u> ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Absorption Field: | | |
| a) dist. well <u>100</u> ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) dist. creek, etc. <u>50</u> ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

E. PERMIT: Approved
 Denied

F. SYSTEM: Approved
 Disapproved

Insp. JB Fuller

Insp. JB Fuller

Date 4/99-4/2000

Date 9-15-99

H. SKETCH - As installed:

