

PERMIT NUMBER  
**10166**

**Union County Health Department**  
55 Hughes St., Suite A, Blairsville, GA 30512

BUILDING PERMIT NO.  
RECEIPT NUMBER  
**8580**

**APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL  
FOR ON-SITE SEWAGE MANAGEMENT SYSTEM**

MAILED  GIVEN  Subdivision, Street or Road  
**4742 Pine Ridge Rd**

Property Location (Address, Block, Lot, Directions to Property)  
**Town Creek Rd - Just before Alexander St on left.**

Property Owner's Name **Randal Collins** **MUST BE INSPECTED** Date **6-1-99**  
CALL (706) 745-6282 BEFORE 9 AM

Owner's Address **4742 Pine Ridge Rd** Phone No. **745 6043**

Permit Applicant's Name and Address Phone No.

Type Facility (Residence, Church, Motel, Restaurant, etc.) **Shop** Water Supply  Public  Community  Individual Garbage Disposal  Yes  No No. of Bedrooms or No. of Gallons Per Day **170**

Lot Size	Soil Conditions (Absorption Field)		Level of Plumbing Outlet		Field Layout Method
Total Capacity	Purcolation Rate	Min/In; Water Table or Rock Depth	Feet	Soil Type	
<b>.51.8</b>					
Septic Tank <b>1100</b> Gals.	Absorption Field Area	Type System <b>8 Chambers</b>	<input checked="" type="checkbox"/> Ground Level	<input type="checkbox"/> Distribution Box	<input type="checkbox"/> Mound
Dosing Tank _____ Gals.	Total Sq. Ft. _____		<input type="checkbox"/> Split Level	<input type="checkbox"/> Level Field	<input checked="" type="checkbox"/> Serial Distribution
Grease Trap _____ Gals.	Trench Width In. _____		<input type="checkbox"/> Basement	<input type="checkbox"/> Other (Explain below)	
	Trench Depth In. _____				

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 Human Resources, Chapter 290-5-25. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.

Permit is hereby granted to install or construct the on-site sewage management system described above. This permit is not valid unless properly signed below, and expires twelve (12) months from date of issue.

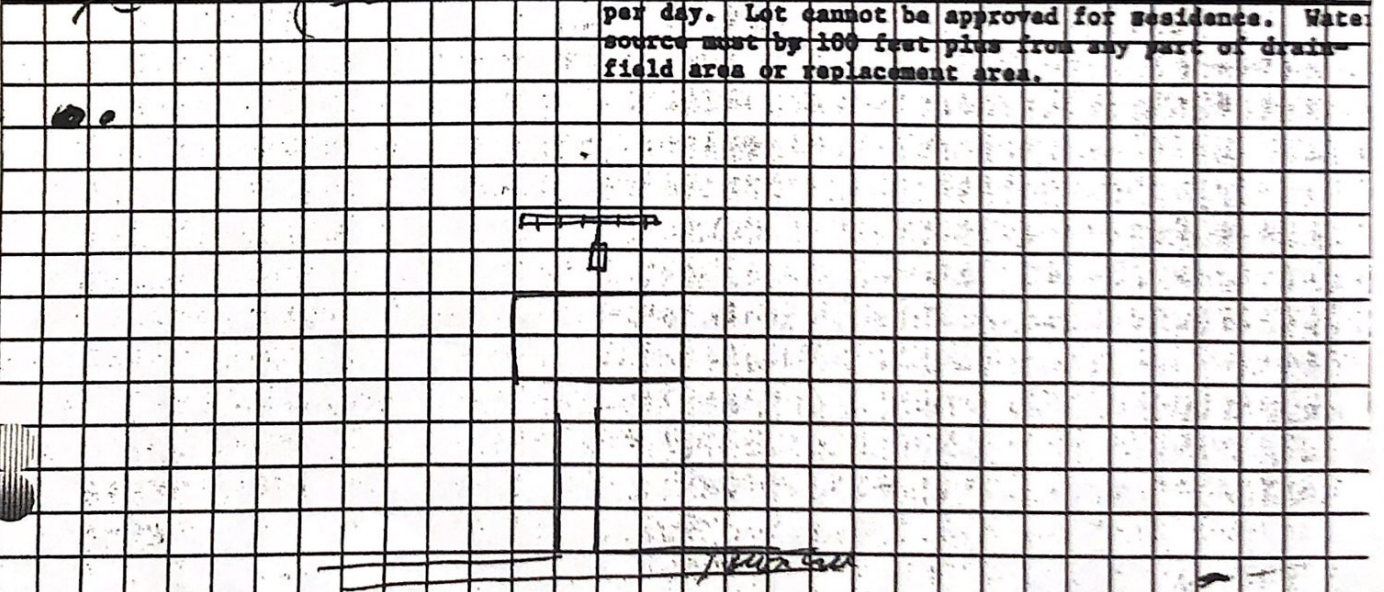
ISSUANCE OF A CONSTRUCTION PERMIT FOR AN ON-SITE SEWAGE MANAGEMENT SYSTEM, AND SUBSEQUENT APPROVAL OF SAME BY REPRESENTATIVES OF THE GEORGIA DEPARTMENT OF HUMAN RESOURCES OR COUNTY BOARD OF HEALTH SHALL NOT BE CONSTRUED AS A GUARANTEE THAT SUCH SYSTEMS WILL FUNCTION SATISFACTORILY FOR A GIVEN PERIOD OF TIME, FURTHERMORE, SAID REPRESENTATIVES DO NOT BY ANY ACTION IN EFFECTING COMPLIANCE WITH THESE RULES, ASSUME ANY LIABILITY FOR DAMAGES WHICH ARE CAUSED, OR WHICH MAY BE CAUSED, BY THE MALFUNCTION OF SUCH SYSTEM.

Experimental  Yes  No

**ARE THERE ANY WELLS OR SPRINGS WITHIN 100' OR STREAMS WITHIN 50'?**

Yes  No

Signature (Owner or Applicant) **Randal Collins** Remarks **Permit is issued for a business not to exceed 100 gal per day. Lot cannot be approved for residences. Water source must be 100 feet plus from any part of drain-field area or replacement area.**



Approved by (Health Department Representative) **Michael Platt** Date of Issue **6-1-99** Date Inspected \_\_\_\_\_

Proposed Layout  Approved Final Inspection  Yes  No