



Clayton County Board of Health On-Site Sewage Management System Repair Application

No person may begin the physical development of a lot, or the installation or alteration of an on-site sewage management system (OSSMS), without having first applied for and received a written On-Site Sewage Management System Permit by the Clayton County Board of Health.

(Please fill in the appropriate response)

Address: _____

City: _____ Year built: _____

Name of subdivision (if applicable): _____ No. of bedrooms: _____ or

Gallons per day: _____

Residential Commercial Food Service Other: _____

Owner/Authorized Agent: _____

Phone: Home: _____ Work: _____ Mobile: _____

Septic Contractor: _____

Phone: Office: _____ Mobile: _____ Fax: _____

Malfunctioning signs/symptoms: Surfacing Backing-up into house Foul odor (inside/outside)
 Slow Drain Other: _____

Possible cause of failure: Age/Biomat Roots Collapsed dam/line
 Landscaping Mechanical Excessive water usage

OSSMS proposal: Repair work Replacement of malfunctioning absorption lines
 Work on tank Addition of absorption lines/gravel pit

Water supply: Public Water Private Well Type of foundation: Slab Basement Crawlspace

Water usage for last 6 months (in thousands of gallons, starting with most recent):
_____ k, _____ k, _____ k, _____ k, _____ k, _____ k

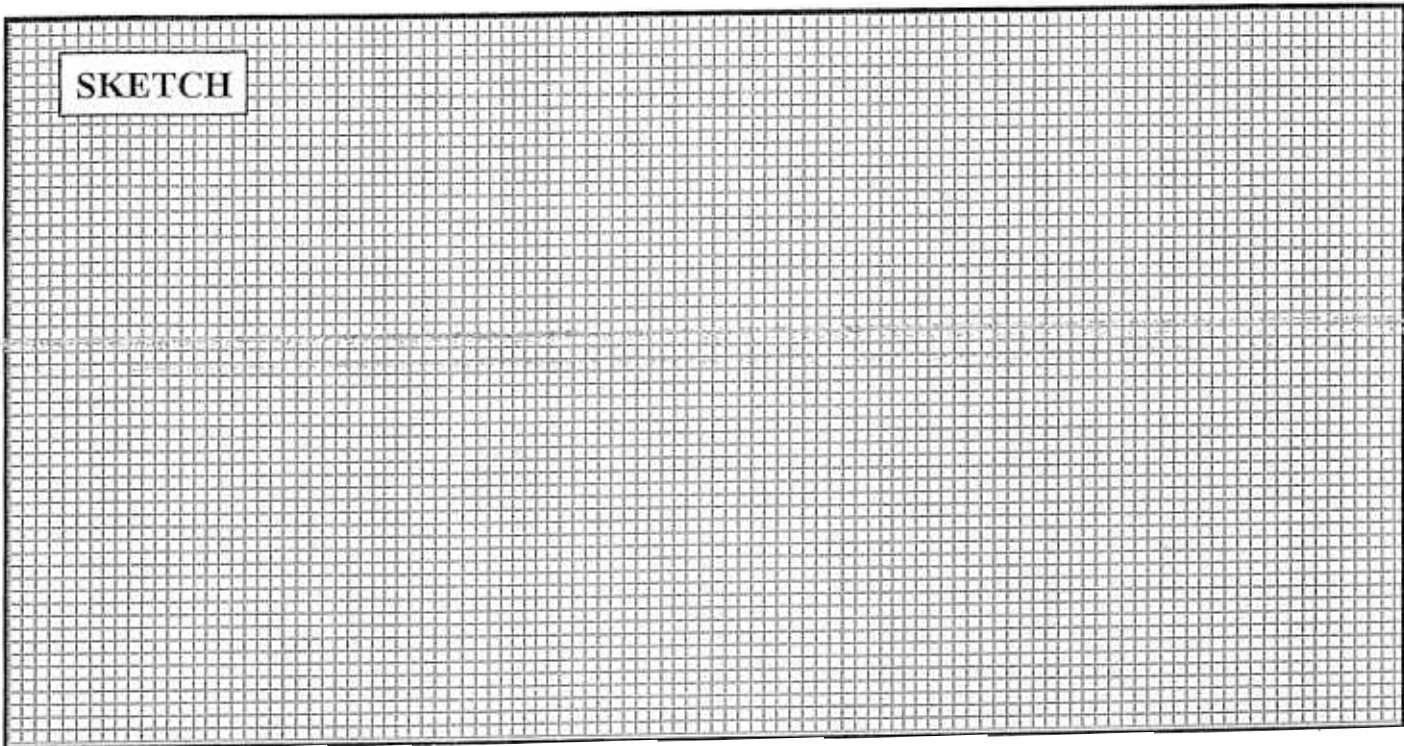
Proposed absorption line/trench length: _____ ft.

Absorption line preference: Conventional Reduction Other _____

Building must connect to the county public sewage system if service connection available within two hundred feet (200) of the property. Contact the Clayton County Water/Sewer Authority at 770-96

Further information may be requested by office such as rel three rel four report, test pits, percolation tests, scaled site plans, etc. to help determine the most appropriate repair option for the on-site sewage management system.

Make a proportional sketch of the lot, house, drive-way, utilities, septic tank, original and proposed absorption lines, etc. If applicable, please include the location of any pump tanks, ATU's, trash pits, landscaping features, gravel beds, fill dirt areas, distribution boxes, swales, proposed or existing wells within 100 feet of the property line, creeks or other bodies of water within 50 feet of the property line, etc. Also, please note any and all areas in which the absorption line was probed and whether or not effluent was found in that portion of the system. If available, this may be added to a copy of the original inspection report.



Additional Comments: _____

Issuance of On-site Sewage Management System permits by Clayton County Board of Health shall be construed to guarantee that such systems will function satisfactorily for any given period of time; furthermore, said county representative do not, by any action taken, affect compliance with these rules, assume any liability for damage which is caused, which may be caused, by the malfunction of such system.

This document shall not be used as a binding contract between an on-site sewage management system contractor and property owner/authorized agent.

Owner/Authorized Agent (Signature)

OSSMS Contractor (Signature)

Date

Date