



**Office of Environmental Health Services**

1895 Phoenix Blvd Suite 350 College Park GA 30349

Phone: (678) 610-7469

# 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 Permit by the Clayton County Board of Health.

*(Please fill in the appropriate response)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Year Built: \_\_\_\_\_

Name of subdivision (if applicable): \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Gallons per Day: \_\_\_\_\_

Residential     Commercial     Food Service     Other: \_\_\_\_\_

Owner/Authorized Agent: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Septic Contractor: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Phone Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Malfunctioning signs/symptoms:  Surfacing     Backing up in house     Foul Order (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 line  
 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 (six) months (in thousands of gallons, starting with most recent):

\_\_\_\_\_k, \_\_\_\_\_k, \_\_\_\_\_k, \_\_\_\_\_k, \_\_\_\_\_k, \_\_\_\_\_k

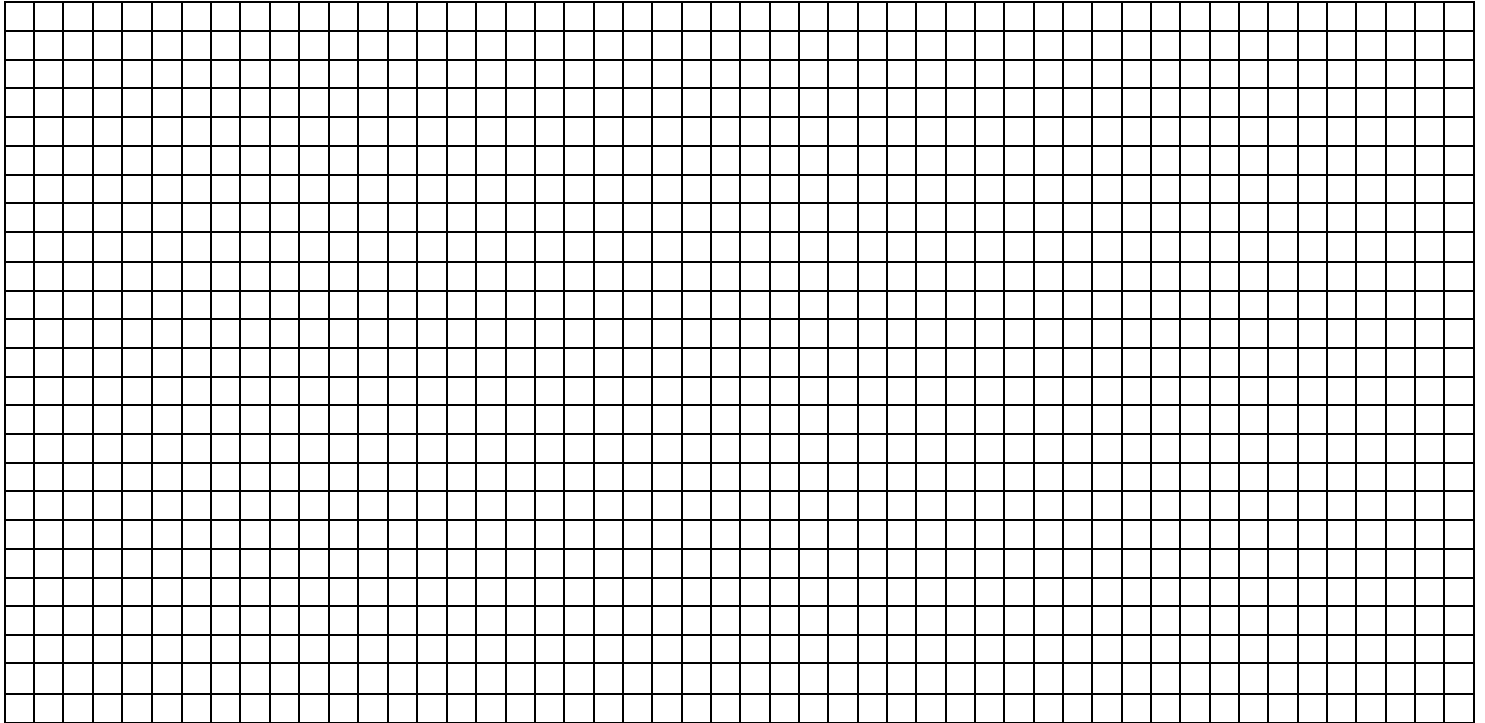
Proposed absorption line/trench length: \_\_\_\_\_ft.

Absorption line preference:  Conventional     Reduction     other: \_\_\_\_\_

Building must connect to the county public sewage system if service connection is available within two hundred feet (200) of the property. Contact the Clayton County Water Authority at 770-478-7496.

Further information may be requested by our office (such as a level three or level four soil report, test pits, percolation tests, scaled sited plants, 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 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 an On-Site Sewage Management System Permit by the Clayton County Board of Health shall not be construed as a guarantee that such systems will function satisfactory for any given period of time, furthermore, said county representatives do not by any action taken in affecting compliance with these rules, assume any liability for damages which are caused, or 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 a property owner/authorized agent.

\_\_\_\_\_  
Owner/Authorized Agent (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSSMS Contractor (Signature)

\_\_\_\_\_  
Date