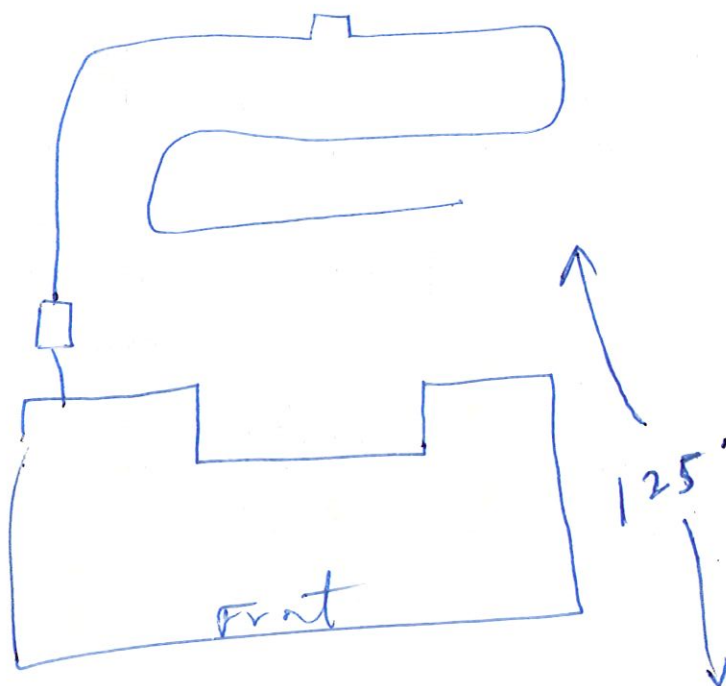


High Falls Rd  
3901

Georgia Department of Human Resources  
APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL  
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Subdivision, Street or Road <b>High Falls-Jackson Rd.</b>		Health District <b>NIC.</b>	County <b>Monroe</b>
Property Location (Address, Block, Lot, Directions to Property) <b>Falls - 75 N - Rt. Toward High cross River - on left past Joe Proctor</b>			
I hereby apply for a construction 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 rules of the former Georgia Department of Public Health, Chapter 270-5-25 now assigned to the Division of Physical Health. I understand that final inspection is required and will notify the local or State Department upon completion of construction and before applying final cover.			
Signature (Owner or Applicant)			Date <b>10-5-83</b>
Property Owner's Name <b>Monroe County Commissioners</b>			Phone No.
Owner's Address <b>Culloden Rd Forsyth</b>			
Permit Applicant's Name <b>Dick Davis</b>			Phone No.
Applicant's Address <b>Co. Clerk</b>			
Financial Assistance <input type="checkbox"/> FHA, <input type="checkbox"/> VA, <input type="checkbox"/> Farmers Home, <input type="checkbox"/> Conventional, Case Number _____			
Type Facility (Residence, Church, Motel, Restaurant, Etc.) <b>Fire Station - Voting</b>			No. of Bedrooms or No. of Gallons Per Day <b>G.P.D.</b>
Water Supply <input type="checkbox"/> Public, <input type="checkbox"/> Community, <input checked="" type="checkbox"/> Individual		Located Required Distances From Possible Pollution Source <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	
Lot Size Front _____ Ft., Rear _____ Ft., Right Side _____ Ft., Left Side _____ Ft., Square Ft./Acre <b>OK</b>			
House Design <input checked="" type="checkbox"/> Ground Level, <input type="checkbox"/> Split Level, <input type="checkbox"/> With Basement		Level of Plumbing Outlet <input checked="" type="checkbox"/> Ground Level, <input type="checkbox"/> Split Level, <input type="checkbox"/> Basement	
Soil Conditions (Nitrification Field) Percolation Rate _____ Min./in.; Water Table Depth _____ Feet; Soil Type (Rock, Etc.) <b>S. Clay</b>			
Sewage Disposal <input checked="" type="checkbox"/> Septic Tank, <input type="checkbox"/> Construction Privy, <input type="checkbox"/> Pit Privy		Total Capacity Septic Tank <b>1000</b> Gals., Dosing Tank _____ Gals., Grease Trap _____ Gals.	
Field Layout Method <input checked="" type="checkbox"/> Distribution Box, <input type="checkbox"/> Level Field, <input checked="" type="checkbox"/> Serial Distribution		Nitrification Field Area Total Sq. Ft. <b>600</b> ; Total Linear Ft. <b>200</b> ; Trench Width In. <b>36</b>	
If Distribution Box is Used No. of Lines <b>2</b> ; Length Each Line, Ft. <b>100 X 36"</b>			
Site Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Special Conditions (Explain)			
<b>PERMIT</b>			
A Permit is hereby granted to install or construct the individual sewage disposal system described above. This Permit is not valid unless properly signed below, and expires twelve (12) months from date of issue.			
Construction Permit Number <b>31581</b>		Date of Issue <b>10-5-83</b>	
Approved by (Health Department Representative) <b>Louie Hughes</b>		Title <b>R. P. S.</b>	



10-21-83  
H.F.

well