

**DAWSON COUNTY BOARD OF HEALTH**  
**PO BOX 245, DAWSONVILLE, GA 30534**  
**APPLICATION FOR CONSTRUCTION PERMIT**  
**FOR ON-SITE SEWAGE MANAGEMENT SYSTEM**

Application Date: Mar 15, 2001

*150 Carsons Creek Drive*

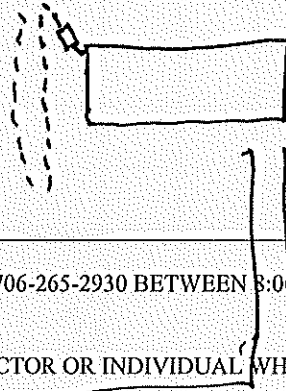
Permit Number: S-042-2001-00104  
 Property Address: 1250 CARSON DRIVE  
 DAWSONVILLE, GA 30534  
 Lot Number: 7  
 Subdivision: CARSON CREEK

Builder/Company:  
 Owner's Name: TIM BYRD  
 Owner's Address: 34 COUCH ROAD  
 DAWSONVILLE, GA 30534  
 Phone: 706-216-3397  
 Fax:

|                          |                        |                                 |
|--------------------------|------------------------|---------------------------------|
| Facility Type: RESIDENCE | Water Supply: PUBLIC   | Plumbing Level: BASEMENT        |
| Lot Size: 5.00           | Garbage Disposal: No   | Type System: CHAMBERS           |
| Bedrooms: 4              | Grease Trap: Gals.     | Field Layout:                   |
| Percolation Rate:        | Water Table:           | Soil Type:                      |
| Absorption Field Area:   |                        |                                 |
| Linear Ft: <b>336</b>    | Square Ft: <b>1008</b> | Trench Width: <b>36</b> Inches  |
|                          |                        | Trench Depth: <b>48</b> Inches  |
|                          |                        | Septic Tanks: <b>1000</b> Gals. |
|                          |                        | Dosing Tank: Gals.              |

Directions:  
 CARSON CREEK, LOT #7

*Requires 27 pieces of infiltrator*



**Disclaimers:**

CALL DAWSON COUNTY HEALTH DEPARTMENT AT 706-265-2930 BETWEEN 8:00 A.M. AND 9:00 A.M. TO SCHEDULE A TIME FOR FINAL INSPECTION OF SYSTEM.

SEPTIC SYSTEM MUST BE INSTALLED BY A CONTRACTOR OR INDIVIDUAL WHO HAS PASSED THE CERTIFICATION REQUIREMENTS.

THE ENVIRONMENTAL HEALTH DEPARTMENT ~~WILL BE CHECKING FOR THE NUMBER OF BEDROOMS AND THE WIRING FOR GARBAGE DISPOSALS IN NEW HOMES.~~

NOTIFY ENVIRONMENTAL HEALTH DEPARTMENT OF ANY WELLS OR SPRINGS LOCATED ON THE PROPERTY OR LOCATED WITHIN 100 FEET OF PROPERTY LINES.

ALL SURFACE AND/OR GROUND WATER MUST BE DIVERTED AROUND SEWAGE SYSTEM.

TRASH/BURIAL PITS MUST BE REPORTED TO THE ENVIRONMENTAL HEALTH DEPARTMENT.

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.

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 have read and will comply with the additional requirements printed above. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.

*Tim Byrd*  
 Signature(Owner or Applicant)

*Carl A. Ballin 3-16-01*  
 ONLY VALID FOR CONSTRUCTION IF SIGNED  
 PROPOSED DRAWING IS ATTACHED

INSPECTED BY:

*[Signature]*

DATE

12-24-01

12-21-01

INSTALLER

*Clayton G. McShannon*

DEPTH (Inches)

4 1/2

DRAINFIELD (Feet/Fcs)

27

SYSTEM TYPE

1 1/2" lines

FILTER

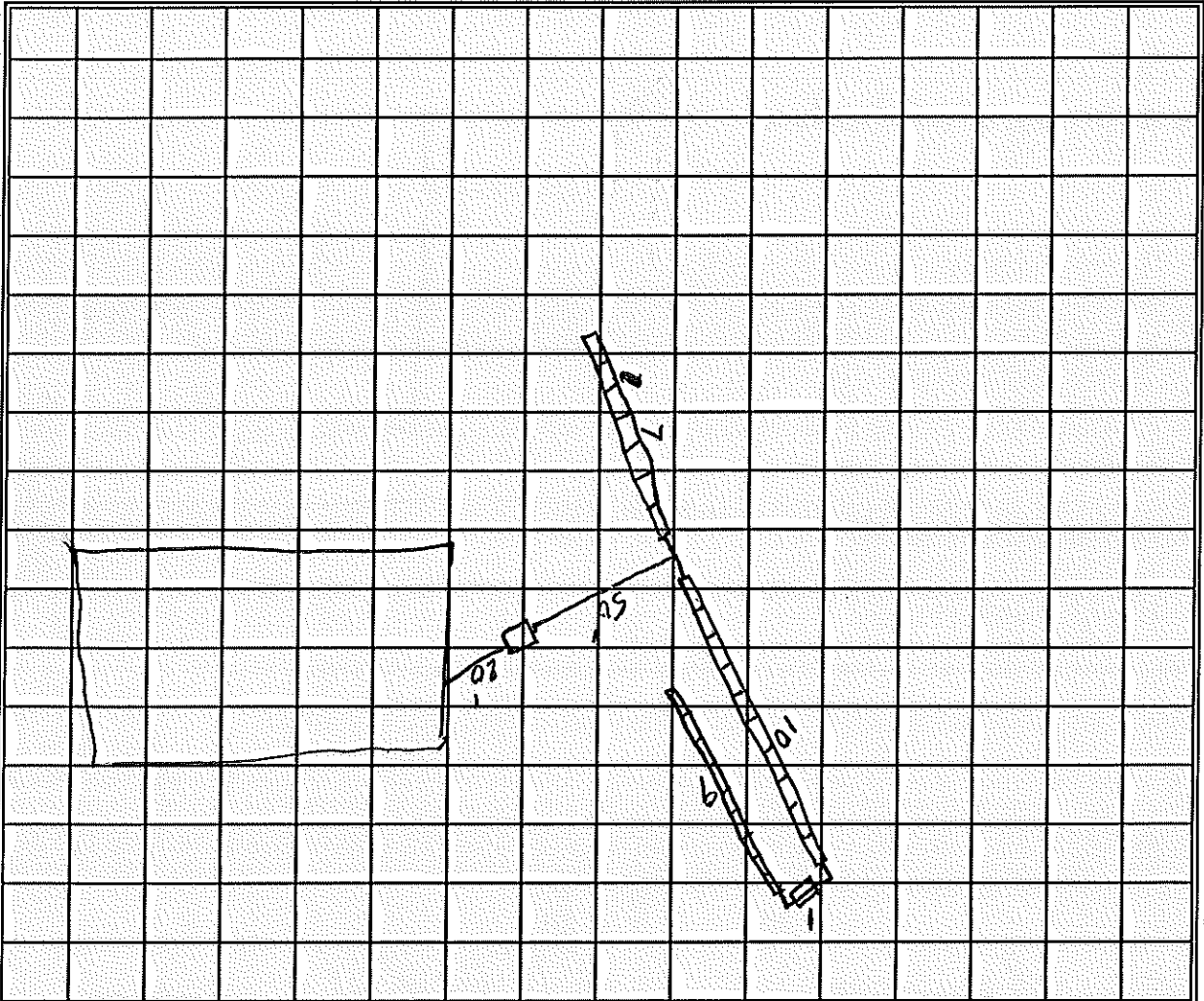
Zabed

SEPTIC TANK (Gallons)

1500

PERMIT NUMBER

S-042-2001-05/pc



FINAL INSPECTION