

DEPARTMENT OF PUBLIC HEALTH - SEWAGE RECORD

5004
Construction Permit NumberLinn
County10-12-77
Date CompletedBert & Dora
Owner's NameShannon Springs Road
RoadLot 14
Subdivision & Lot NumberHawthorne
Contractor's SignatureMountain Lake Estates
AddressWATER SUPPLY: Public ☒ Individual ☐

NUMBER OF FIELD LINES 3

HOUSE STRUCTURE: New ☒ Existing ☐

TOTAL LENGTH: 182 feet

TYPE OF FACILITY sanitary

WIDTH OF TRENCH: 36 inches

SEWAGE INSTALLATION: New ☒ Existing ☐

DEPTH OF TRENCH: 3 1/2 feet

NUMBER OF BEDROOMS: 2 Gallons 1000

DISTANCE FROM FOUNDATION: 10 feet

BUILDING LINE FROM ROAD: 65

NEAREST PROPERTY LINE: 10 feet

LOT SIZE: Depth: 91 Width: 91-160

DISTANCE FROM WELL: 2 feet

SEPTIC TANK CAPACITY: 1000

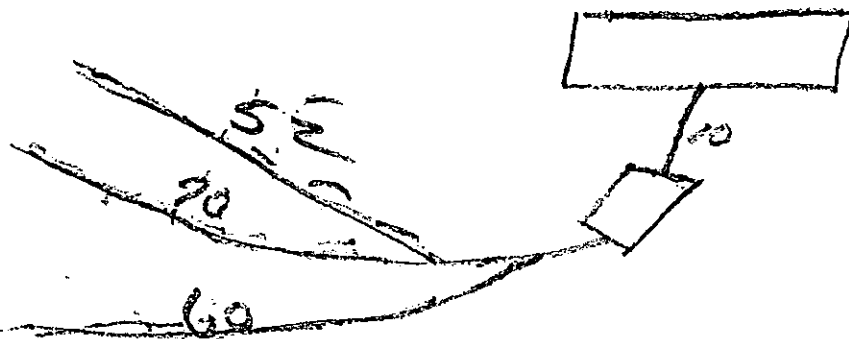
FILTER MATERIAL: Size 57 Depth 13

DISTANCE TANK FROM WELL:

SHOW LOCATION BELOW OF: facility, septic tank, field lines, well, spring, or public water line, nearest lot line, drive way, and distribution box, dosing tank and pump (if used)

Represents field line-----
Represents solid line and sewers

SKETCH



ROAD

AS BUILT PLOT PLAN

11/8/77
Revised January 1, 1973

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

Subdivision, Street or Road <i>Mountain View Lake Estates</i>		Health District <i>2</i>	County <i>HALL</i>
Property Location (Address, Block, Lot, Directions to Property) <i>Beechwood Rd Lot A-14</i>			
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) <i>Robert A. Abbas</i>		Date <i>8 Sept '77</i>	
Property Owner's Name <i>ROBERT A. ABAS</i>		Phone No. <i>[REDACTED]</i>	
Owner's Address <i>2629 Chimney Springs Dr. Marietta GA 30062</i>		Phone No.	
Permit Applicant's Name <i>SAME AS OWNER</i>		Phone No.	
Applicant's Address			
Financial Assistance ☐ FHA, ☐ VA, ☐ Farmers Home, ☐ Conventional, Case Number _____			
Type Facility (Residence, Church, Motel, Restaurant, Etc.)			No. of Bedrooms or No. of Gallons Per Day <i>2</i>
Water Supply ☒ Public, ☐ Community, ☐ Individual		Located Required Distances From Possible Pollution Source ☒ Yes, ☐ No	
Lot Size Front <i>91</i> Ft., Rear <i>91</i> Ft., Right Side <i>165</i> Ft., Left Side <i>165</i> Ft., Square Ft./Acre _____			
House Design ☐ Ground Level, ☐ Split Level, ☒ With Basement		Level of Plumbing Outlet ☐ Ground Level, ☐ Split Level, ☒ Basement	
Soil Conditions (Nitrification Field) Percolation Rate <i>37</i> Min./in.; Water Table Depth _____ Feet; Soil Type (Rock, Etc.) _____			
Sewage Disposal ☒ Septic Tank, ☐ Construction Privy, ☐ Pit Privy		Total Capacity <i>(To be 1000)</i> Septic Tank <i>250</i> Gals., Dosing Tank _____ Gals., Grease Trap _____ Gals.	
Field Layout Method ☐ Distribution Box, ☐ Level Field, ☒ Serial Distribution		Nitrification Field Area Total Sq. Ft. <i>546</i> , Total Linear Ft. <i>182</i> ; Trench Width In. <i>36</i>	
If Distribution Box Is Used No. of Lines _____; Length Each Line, Ft. _____			
Site Approved ☐ Yes ☐ No			
Special Conditions (Explain) <i>91' x 36" PER BR</i>			
PERMIT 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 <i>5004</i>		Date of Issue <i>8 Sept 77</i>	
Issued by (Health Department Representative)		Title <i>[Signature]</i>	

**SUBJECT TO OFFICIAL APPROVAL
 OF HALL CO. PLANNING COMMISSION
 BEFORE BEGINNING CONSTRUCTION.
 MUST BE COUNTERSIGNED BY BONDED SEWAGE
 SYSTEM CONTRACTOR PRIOR TO CONSTRUCTION
 OF SEWAGE SYSTEM.**

SIGNED: *[Signature]*
 BONDED SEPTIC TANK CONTRACTOR

*GIVEN TO ME BY: CAPL
 OVER 9/23-77 EE*

