

PICKENS COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE MANAGEMENT SYSTEM APPLICATION, PERMIT, AND INSPECTION REPORT

PERMIT NUMBER 5885 PROPERTY OWNER & ADDRESS: APPALACHIAN BLORS
 RECEIPT NUMBER 9208 mm 2408
BENT TREE

PROPERTY LOCATION:

ALPINE DR

TELEPHONE: _____

SEWAGE CONTRACTOR: David Carver

I hereby apply for a 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 County Health Department's Rules.

I understand that final inspection is required and hereby promise to notify the County Health Department upon its completion and before applying final cover.

I further realize and understand that neither this permit nor the final inspection in any way guarantee the proper operations of the sewage system nor in any way confers any guarantee or warranty of any kind.

OWNER/APPLICANT SIGNATURE _____

DATE 5/6/99

A. GENERAL

1. Water Supply:

a) individual (type) _____

b) public: yes ✓ no ✓

2. Type Facility Res

3. # Bedrooms or Gallons 3

4. Subdivision: yes ✓ no ✓

5. Lot Size: 1.2 ac

6. Type System:

A. 1. new ✓ B. 1. conventional ✓

2. repair _____ 2. alternative _____

3. existing _____ 3. other _____

D. SPECIAL CONDITIONS:

B. MIN. REQUIREMENTS

1. Septic Tank 1000 gals.

2. Dosing Tank ✓ gals.

3. Absorption Field:

a) 750 sq. ft.

b) 250 linear ft.

4. Trenches: a) width 3 ft.

b) depth 24-36 in.

c) dist. between 8 ft.

5. Septic Tank:

a) dist. well 50 ft.

b) dist. creek, etc. 25 ft.

6. Absorption Field:

a) dist. well 100 ft.

b) dist. creek, etc. 50 ft.

C. SYSTEM INSPECTION

(Are requirements met?)

Yes No

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

E. PERMIT: Approved ✓ F. SYSTEM: Approved ✓

Denied _____ Disapproved _____

Insp. 5/6/99 Insp. 6/2/99

Date: 5/6/99 Date: 6/2/99

G. SKETCH - Recommended Placement:

H. SKETCH - As Installed:

