



Georgia Department of Public Health
Construction Permit and Site Approval
For On-Site Sewage Management System

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|---|--|---|---|--|---------------------------------|-----------------|
| COUNTY: Cherokee | SUBDIVISION: Billings Farm | LOT NUMBER: 10 | BLOCK: . | | | |
| PROPERTY ADDRESS: 404 BILLINGS FARM DR CANTON, GA 30115 | | DIRECTIONS: SOUTH ON HWY 575, LEFT ON HOLLY SPRING PKWY(Exit 14), LEFT ON HICKORY RD, RIGHT ON NEW LIGHT RD, LEFT ON TOONIGH RD, RIGHT ON BILLINGS FARM DR--RV GARAGE | | | | |
| I hereby receive this 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 Public Health, Chapter 511-3-1 and this permit. By my signature, I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover material to the system. | | | | | | |
| PROPERTY OWNER'S/AUTHORIZED AGENT'S SIGNATURE: See App | | DATE COMPLETED APPLICATION RECEIVED: 10/01/2024 | | | | |
| PROPERTY OWNER'S NAME: JASON METTLER | PHONE NUMBER: (920) 901-9890 | PROPERTY OWNER'S ADDRESS: 404 BILLINGS FARM DR CANTON, GA 30115 | | | | |
| AUTHORIZED AGENT'S NAME: | PHONE NUMBER: | RELATIONSHIP TO OWNER: | | | | |
| Section A - General Information | | | | | | |
| CAN REQUIRED SETBACKS BE MET: YES | | TYPE OF STRUCTURE: Auxiliary System | SOIL SERIES: Hayesville | | | |
| DRINKING WATER SUPPLY: Public | WELL ON THE SITE: NO | WATER USAGE BY: Gallons Per Day | PERCOLATION RATE / HYDRAULIC LOADING RATE: 55 | | | |
| SYSTEM TYPE: New | | NO. OF BEDROOMS / GPD: 25 | RESTRICTIVE SOIL HORIZON DEPTH (inches): 62 | | | |
| LOT SIZE (SQ FT/Acres): 2.02 | | LEVEL OF PLUMBING OUTLET: Ground Level | SOIL TEST PERFORMED BY: White, Roger | | | |
| Section B - Primary / Pretreatment | | | | | | |
| PRETREATMENT: Septic Tank | GARBAGE DISPOSAL: NO | SEPTIC TANK CAPACITY (gallons): 1000 | MIN. ATU CAPACITY (gallons): 0 | DOSING TANK CAPACITY (gallons): | GREASE TRAP CAPACITY (gallons): | |
| Section C - Secondary Treatment | | | | | | |
| ABSORPTION FIELD DESIGN: Serial | | NUMBER OF TRENCHES: | | TOTAL ABSORPTION FIELD LINEAR FT REQUIRED: | | |
| | | DISTANCE B/W TRENCHES: | | 100 | | |
| ABSORPTION FIELD PRODUCT: Conventional 12x36 gravel & pipe | | DEPTH OF TRENCHES (range in inches): 24 to 36 | | TOTAL ABSORPTION FIELD SQ FT REQUIRED: 300 | | |
| Issued permits expire twelve (12) months from approval date and are not valid unless signed below by authorized representative of the Georgia Department of Public Health or County Board of Health. | | | | | | |
| Any grading, filling, or other landscaping after issuance of a permit may render permit void. Failure to follow site plan may render permit void. Any grading, filling, or other landscaping after final inspection by county health department, which adversely affects the function of the on-site sewage management system, may render approval void. Installation contractor is responsible for ensuring all required setbacks are met. | | | | | | |
| Issuance of a construction permit for an on-site sewage management system and subsequent approval of same by representative of the Georgia Department of Public Health 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 representative(s) do not, by any action taken 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. | | | | | | |
| INSPECTOR & INSPECTOR TITLE: | | INSPECTOR SIGNATURE: | | DATE: | CONSTRUCTION PERMIT #: | STATUS: |
| Jami Walker Environmental Health Specialist IV | | | | 10/22/2024 | OSC02814022 | Approved |



Construction Permit and Site Approval
For On-Site Sewage Management System (continued)
Cherokee County Environmental Health - Phone: (770) 479-0444
Permit Number: OSC02814022
Property Address: 404 BILLINGS FARM DR CANTON, GA 30115

PRIMARY / PRETREATMENT REMARKS

MIN 1000 GAL TANK

SECONDARY TREATMENT REMARKS

MAY USE 65' HI CAP CHAMBER

PROPOSED SYSTEM LAYOUT / DESIGN

