

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	North Bell Ave
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last:	Randall
First:	L. Todd
Applicant Name:	Same
Mailing Address of Owner/Applicant (if Different)	PO Box 711155 Augusta, GA 30607

M7L43

AUGUSTA

Date Permit Issued: 11/26/92

Local Plumbing Inspector Signature: [Signature]

2419 60

\$ 3.00

L.P.I. # 1850

TOWN COPY

Double Fee Charged

**Owner/Applicant Statement**

*I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.*

[Signature]  
Signature of Owner/Applicant

Date

**Caution: Inspection Required**

*I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.*

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NEW SYSTEM</li> <li>2. <input type="checkbox"/> REPLACEMENT SYSTEM</li> <li>3. <input type="checkbox"/> EXPANDED SYSTEM</li> <li>4. <input type="checkbox"/> SEASONAL CONVERSION</li> <li>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</li> <li>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</li> <li>3. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li>4. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li>5. <input type="checkbox"/> HOLDING TANK</li> <li>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> BED</li> <li>2. <input type="checkbox"/> CHAMBER</li> <li>3. <input type="checkbox"/> TRENCH</li> <li>4. <input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</li> <li>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li>4. <input type="checkbox"/> OTHER _____ SPECIFY</li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p>
<p><b>SIZE OF PROPERTY</b></p>	<p><b>ZONING</b></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)							
<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li>2. <input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: _____ GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NONE</li> <li>2. <input type="checkbox"/> LOW VOLUME TOILET</li> <li>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li>4. <input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NOT REQUIRED</li> <li>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li>3. <input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p style="text-align: center;">CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: 2em;">N/A</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">PROFILE</th> <th style="width: 50%;">CONDITION</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: _____</p>	PROFILE	CONDITION			<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SMALL</li> <li>2. <input type="checkbox"/> MEDIUM</li> <li>3. <input type="checkbox"/> MEDIUM-LARGE</li> <li>4. <input type="checkbox"/> LARGE</li> <li>5. <input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> BED _____ Sq. Ft.</li> <li>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li>4. <input type="checkbox"/> OTHER: _____</li> </ol>	<p>DESIGN FLOW: _____ (GALLONS/DAY)</p>
PROFILE	CONDITION						

**SITE EVALUATOR STATEMENT**  SITE EVALUATION WAIVED BY LOCAL OPTION

On \_\_\_\_\_ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature	SE#	Date	Page 1 of 3 HHE-200 Rev.1/84
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\* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

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