



Rockdale Environmental Health Services

1329 Portman Drive – Suite F

Conyers, GA 30094

Phone: 770.278.7340

Fax: 770.278.8919

www.rockdalehealth.com

Existing OSSMS Application Form

Application Date: _____

☐ Residential

☐ Commercial (Non-residential)

<p>OWNER INFORMATION</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone () _____</p> <p>Work Phone () _____</p> <p>Fax () _____</p> <p>Other Phone () _____</p> <p>E-MAIL _____</p>	<p>APPLICANT INFORMATION (if other than owner)</p> <p>Name _____</p> <p>Business Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone () _____</p> <p>Work Phone () _____</p> <p>Fax () _____</p> <p>Other Phone () _____</p> <p>E-MAIL _____</p>
<p>Property Address: _____ City _____</p> <p>Subdivision _____ Lot _____ Block _____</p> <p>Current Number Bedrooms _____ Number of Gallons Per Day if Commercial _____ GPD</p> <p>Garbage Disposal: yes / no Property Water: public / well Lot Size (Sq. Ft.):** _____</p> <p>Type of Structure: single family residence / multi-family residence / commercial / restaurant / other: _____</p> <p>Original Septic Installed Date (If known) _____ Year home constructed _____</p> <p>When was tank last pumped? _____ <input type="checkbox"/> O.K. to enter yard <input type="checkbox"/> Fence with gate <input type="checkbox"/> Dogs in yard</p>	
<p>Reason for Existing Sewage System Evaluation:</p> <p><input type="checkbox"/> Home Addition (Non-bedroom)</p> <p><input type="checkbox"/> Swimming Pool Construction</p> <p><input type="checkbox"/> Structure Addition to Property</p> <p><input type="checkbox"/> Change of Use</p> <p><input type="checkbox"/> Loan Closing for Home Sale or Refinance</p> <p><input type="checkbox"/> Other: _____</p>	<p>Additions, Pool Construction, and Changes of Use will require a site plan or sketch. The following information must be provided by builder or owner:</p> <p>(1) Lot sketch, 1-40 scale (1"=40') showing lot dimensions, proposed building line and side line distances, dimensions of building, (2) Well location if applicable; (3) Septic system location (4) Location of driveway, patio, other paved surfaces; (5) Street or road name; (6) Scaled floor plan of all applicable structures 1"=10' engineer scale or 1/8"=1' architect scale.</p>
<p>Please describe proposed addition or change of use: <i>(if applicable)</i></p> <p>***If existing onsite sewage system is damaged during construction builder/owner is responsible to repair to code.***</p>	
<p>Signature _____ Date _____</p>	
<p>OFFICIAL USE ONLY</p> <p>Name & Date Approved: _____ Disapproved _____</p> <p>Fee paid _____</p>	

***Square Feet = Acres x 43,560*

**Rockdale County Board of Health
Environmental Health Section**

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**Owner / Builder
Construction Affidavit**

I, _____, do hereby attest that I am the current owner and/or the builder acting as the owners agent of the property located at the following address:

Street: _____

City; State; ZIP: _____

Subdivision : _____ Lot: _____

I further attest that I am remodeling or constructing the following rooms and/or structures on this property:

I understand that septic systems are sized according to the number of bedrooms a home has and affirm that no additional bedrooms will be added. The total number of bedrooms within the home located at the above mentioned address at the end of this project will be _____.

I further understand that if I have given incorrect information, the permit may be revoked and further action taken.

Signature

Date