

**Newton Environmental Health Services**

1113 Usher Street – Suite 303

Covington, GA 30014

Phone: 770.784.2121

Fax: 770.784.2129

**OSSMS Permit Application Form**[www.newtonhealthdept.com](http://www.newtonhealthdept.com)Application Date: \_\_\_\_\_ ☐ Residential ☐ Commercial (Non-residential)☐ New Construction ☐ Repair of failing system ☐ Addition or system modification**OWNER INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_

\*Contractor: \_\_\_\_\_

\*If you have chosen a septic contractor, they may act as your agent in applying and picking up a repair permit. However, you must indicate this is the contractor of your choosing.

**APPLICANT INFORMATION (if other than owner)**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Property Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Current or Proposed # Bedrooms \_\_\_\_\_ Number of Gallons Per Day if Commercial \_\_\_\_\_ GPD

Garbage Disposal: yes / no Property Water: public / well Lot Size (Sq. Ft.):\*\* \_\_\_\_\_

Stub out location: basement / crawl space / slab (basement w/plumbing) Distance to Structure \_\_\_\_\_

Check all below that are on or within 100' of property and indicate location: (From Front Property Line)

\_\_\_ Creeks \_\_\_ Ponds \_\_\_ Well, Spring, Sink Hole \_\_\_ Embankments \_\_\_ Gullies

☐ Soil Report (It is strongly recommended that the owner obtain a site specific soil report as well as consult with an engineer experienced in onsite sewage disposal systems.)

Type of Structure: single family residence / multi-family residence / commercial / restaurant / other: \_\_\_\_\_

*Repair or addition please complete this section*

Original Septic Installed Date (If known) \_\_\_\_\_ Year home constructed \_\_\_\_\_

When was tank last pumped? \_\_\_\_\_ ☐ O.K. to enter yard ☐ Fence with gate ☐ Dogs in yard

Laundry Loads per week \_\_\_\_\_ Tank size (if known) \_\_\_\_\_

Check if sewage is: ☐ Backing up in house/business ☐ Surfacing in yard

A permit is hereby granted to install or construct the on-site sewage management system described above. This permit is not valid unless properly signed below, and expires twelve (12) months from date of issued. Issuance of a construction permit for an on-site sewage management system, and subsequent approval of same by representatives of the State Department of Human Resources or Newton County Board of Health shall not be constructed as a guarantee that such systems will function satisfactorily for a given period of time; furthermore, said representatives 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.

PROPERTY OWNER'S/AUTHORIZED AGENT'S SIGNATURE: \_\_\_\_\_

**OFFICIAL USE ONLY**

☐ No record on file    ☐ Drawing of existing system attached    ☐ Failure Report Completed

Complaint on file:    ☐ No    ☐ Yes    Assigned to \_\_\_\_\_    Complaint #: \_\_\_\_\_

Name & Date approved: \_\_\_\_\_    Disapproved \_\_\_\_\_

Fee paid \_\_\_\_\_

**PLEASE WRITE DIRECTIONS TO PROPERTY ON BACK OF FORM**

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