



COUNTY HEALTH DEPARTMENTS

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

Application Date: Residential Commercial (Non-residential)
New Construction Repair of failing system Addition or system modification

OWNER INFORMATION APPLICANT INFORMATION (if other than owner)
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.

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*