



## Turner County Health Department

745 Hudson Avenue • PO Box 614 • Ashburn, Georgia 31714

Phone: (229) 238-9595 • Fax: (229) 567-3947

[www.southhealthdistrict.com/turner](http://www.southhealthdistrict.com/turner)

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### **Turner County Septic Tank/Well Permit Application Process**

1. Obtain zoning approval from Turner County Building & Zoning Office. (229-567-3563)
2. Submit a completed Site Evaluation Request with the following items:
  - a. Recorded plat of the property.
  - b. Floor plan of the home (can be hand drawn).
  - c. Site plan showing location of the house, existing wells, driveways, pools, out buildings, property lines and proposed location of where you would like your septic system and well, if needed.
3. The home must be staked off and property lines marked.
4. The site evaluation and permit fee for a new system is \$180 due upon application.
5. If you do not wish to obtain a permit, but would like to have land checked for suitability, submit a completed application with a plat of the property and \$90 evaluation fee. Note on the application you want a site evaluation only. (House does not have to be staked for site evaluation only.)
6. To repair your drain field, submit an application and note on the application you only need a repair of the drain field. The repair site evaluation and permit fee is \$90 due upon application.
7. If applying for a well permit only, the fee is \$60. If applied for at same time as a septic tank permit there will be no additional charge for the well permit. Note on the septic tank application that you would like a well permit.
8. All documentation must be submitted to the health department. Please provide thorough directions to the site.
9. If you have any questions, please call Brooke Pearson, Environmental Health Specialist, at 229-238-9595.

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**TURNER COUNTY SITE EVALUATION REQUEST**

I hereby authorize the County Board of Health to conduct a site evaluation on this property for the purpose of determining the suitability for:  WELL ONLY  SEPTIC SYSTEM ONLY  A WELL AND A SEPTIC SYSTEM

Property Owner Name	Phone Number(s)
Address of Property Owner	
	CITY _____ STATE _____ ZIP _____
Applicant's Name	Phone Number(s)
Applicant's Address	
	CITY _____ STATE _____ ZIP _____
Location of Property: i.e. Subdivision (Block & Lot Number): _____	
Street Address: _____ CITY _____ STATE _____ ZIP _____	
Directions to Property:	
Lot Size: _____ Acre(s) _____ Square Feet <input type="checkbox"/> Mobile Home <input type="checkbox"/> House <input type="checkbox"/> Other	
<b>Complete the Following if applying for a septic system:</b> <input type="checkbox"/> New System <input type="checkbox"/> Repair Number of Bedrooms: _____ Average Weekly Loads of Laundry: _____ Garbage Grinder/Disposal Unit: <input type="checkbox"/> YES <input type="checkbox"/> NO Swimming Pools: <input type="checkbox"/> YES <input type="checkbox"/> NO Oversized Tubs (i.e. Hot Tub on Porch/Patio): <input type="checkbox"/> YES <input type="checkbox"/> NO Sprinkler System: <input type="checkbox"/> YES <input type="checkbox"/> NO Plumbing Stub Out Location: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement <input type="checkbox"/> Split Level <b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input type="checkbox"/> Existing Individual Well <input type="checkbox"/> I need to drill a well	
Type of Septic System:	
<input type="checkbox"/> Conventional Gravel System <input type="checkbox"/> Alternative System:( <i>system requested:</i> _____) <input type="checkbox"/> Contractor's Choice	
_____ Signature (Owner or Applicant) <span style="float:right">Date</span>	

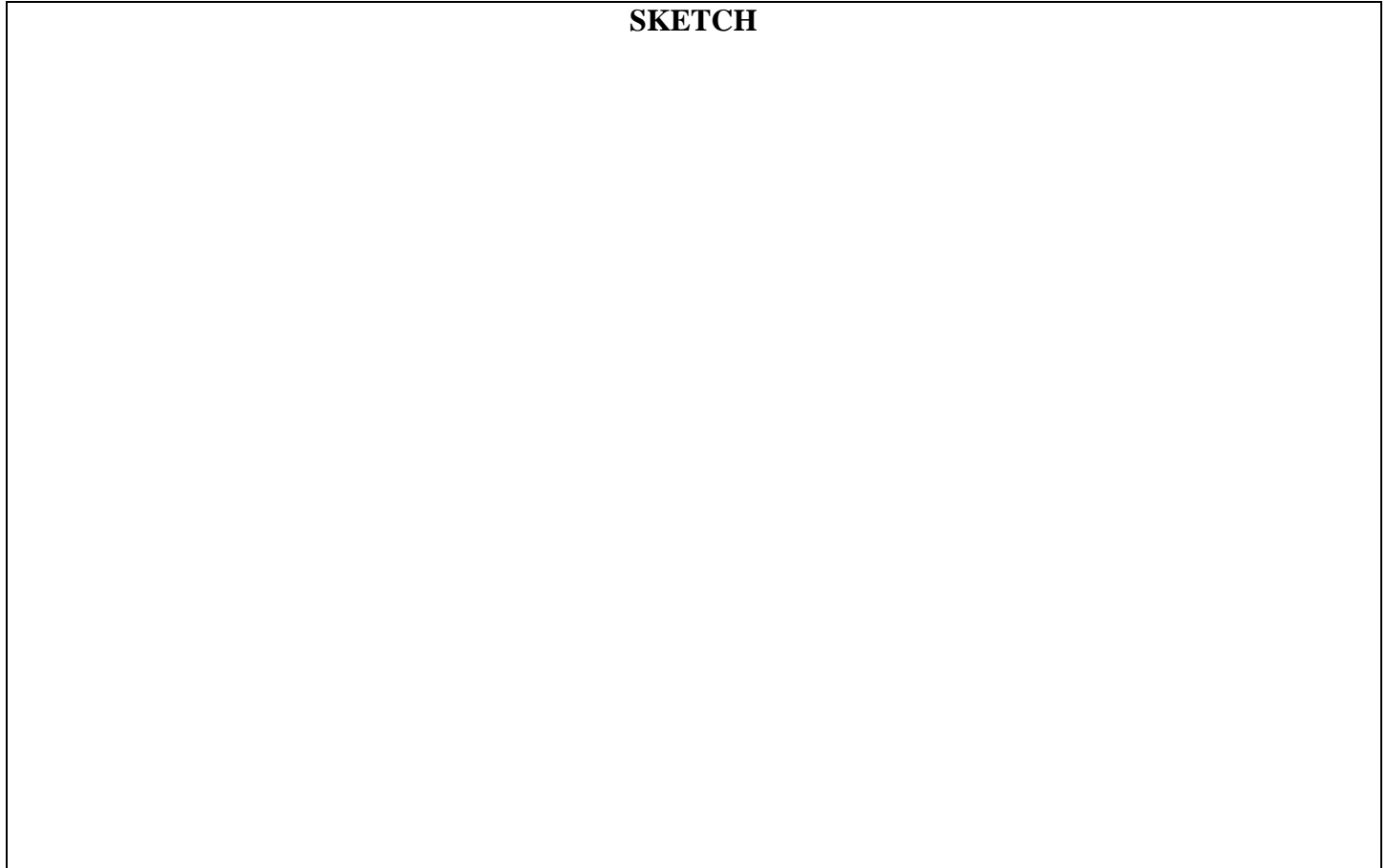
**COMPLETE SITE PLAN ON BACK**

The following information must be provided: 1) lot sketch showing lot dimensions, proposed building location/dimensions, proposed building line and side line distances; 2) street or road names; 3) well location if applicable and well locations on adjacent property; 4) driveway, patio or other impervious/paved surfaces; 5) underground utilities; 6) plumbing sub out and proposed drain field location; 7) location of easements, wetlands, and flood plains.

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**SKETCH**



The above information as furnished is true and correct to the best of my knowledge. The applicant and/or owners *are* responsible for adverse soil conditions, such as rock or water tables, encountered. Sites with poor percolation, redoximorphic features or impervious soil horizons within 24 inches of the planned absorptions trench bottom, a seasonal high-water table within 30 inches of the original ground surface or any other questionable soil features will be referred to a certified soil classifier, registered engineer or registered geologist for evaluation. Visit <http://health.state.ga.us/programs/envservices/landuse.asp> for rules, product information, certified professionals, home owner's guides, etc.

**FOR STAFF USE ONLY:**

Boring #	Est. Perc Rate	Depth to Water Table	NOTES / SPECIAL CONDITION: