



**Tift County Environmental Health**  
305 East 12th Street • PO Box 715 • Tifton, Georgia 31794  
Phone: (229) 386-2299 • Fax: (229) 386-8159  
[www.southhealthdistrict.com/tift](http://www.southhealthdistrict.com/tift)

## **TIFT COUNTY SEPTIC SYSTEM PERMIT APPLICATION PROCESS**

Steps 1 & 2 **MUST** be completed prior to submitting an application for a new system. Please **DO NOT** return an application without completing these steps.

*\*\*Start at step 4 if you want a preliminary site evaluation only for future development. Start at step 5 if you are repairing an existing septic*

1. Obtain zoning approval and address for the property from:  
**Tift County Development Support Services Planning & Development**  
**225D Tift Ave. North (rear parking lot of Admin Bldg)**  
**Tifton, GA 31794**  
**229-386-7961**
2. Submit a completed application with the following information:
  - a. Recorded plat or other legal description of the property
  - b. Floor plan of the home
  - c. Site plan showing location of the house, driveways, pools, wells and out buildings
3. Property lines must be marked and the location of the home must be staked off if applicant will not be meeting health official at site.
4. Along with the application, proper fees must be submitted to the Tift County Health Department. Fees are as follows:
  - a. Property evaluation & septic tank permit: \$180
    - i. 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 the \$90 property evaluation fee. Note on the application that you want a site evaluation only
  - b. Well permit only: \$60
    - i. If well permit is applied for at same time as 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.
5. If you need to repair the drain field/septic system, submit an application along with the \$90 fee. Note on the application that you need a repair of the drain field.
6. Please give good directions to the site. **ALL** documentation must be submitted to the Health department. Incomplete applications **WILL NOT** be accepted.
7. If you wish to meet the health official at the site, please indicate on the application and the health official will contact you to set up a time.



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## TIFT 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**                       **WELL AND SEPTIC**

Property Owner Information	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Applicant Information (if different from owner)	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Location of Property	Subdivision Name: _____ Block & Lot Number: _____ Street Address: _____ City: _____ State: _____ Zip: _____
Directions to Property	_____ _____ _____
Property Information:	Lot Size: _____ (Acres or Square feet) <input type="checkbox"/> Mobile Home <input type="checkbox"/> House <input type="checkbox"/> Other _____

**Complete the following if applying for a septic system:**

**New System**     **Repair**

Number of Bedrooms: \_\_\_\_\_ Average Weekly Loads of Laundry: \_\_\_\_\_  
 Garbage Grinder/Disposal Unit     Yes     No  
 Swimming Pool(s)     Yes     No  
 Oversized Tub(s) (ex. Hot tub)     Yes     No  
 Sprinkler System     Yes     No

Plumbing Stub Out Location:     Slab     Crawl Space     Basement     Split Level

Water Supply:     Public     Existing Individual Well     Existing Shared Well     I need to drill a well

**Type of Septic System:**

- Conventional Gravel System
- Alternative System: \_\_\_\_\_ (type requested)
- Contractor's Choice (discuss with contractor(s) to decide which product)

Additional Notes: \_\_\_\_\_

**Signature** (Owner or Applicant): \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOGS MUST BE CONTAINED**





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

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 encountered, such as rock or water tables. Sites with poor percolation, redoximorphic features or impervious soil horizons within 24 inches of the planned absorption 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 guides, etc.

<b>For Staff Use Only:</b>			
Boring #	Est. Perc Rate	Depth of Seasonal High Water Table	Notes/Special Conditions