

# **BEN HILL COUNTY SEPTIC TANK PERMIT APPLICATION PROCESS**

Steps 1 & 2 **MUST** be completed prior to submitting an application. Please **DO NOT** return an application without completing these steps. **\*\*Skip to step 5 if you want a preliminary site evaluation only for future development. Skip to step 6 if you are repairing an existing septic system.\*\***

1. Obtain address verification request:

This is available on the county website <https://benhillcounty-ga.gov/business-directory/zoning/> or at the Building and Zoning Office (address below). Fill out top section and return to the Building and Zoning Office. You will be notified once address is set / verified. Once notified, proceed to step 2.

2. Obtain zoning approval from the Building and Zoning Office:

Ben Hill County Building and Zoning  
402-A East Pine Street  
Fitzgerald, GA 31750  
229-426-5149

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3. 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

4. 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.

5. Along with the application, proper fees must be submitted to the Ben Hill 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.

6. 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.

7. Please give good directions to the site. **ALL** documentation must be submitted to the health department. Incomplete applications **WILL NOT** be accepted.

8. 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.



**Ben Hill County Health Department**  
 251 Appomattox Road • PO Box 188 • Fitzgerald, Georgia 31750  
 Phone: (229) 426-5288 • Fax: (229) 426-5291  
 www.southhealthdistrict.com/benhill

**BEN HILL 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: (system requested: _____)	
<input type="checkbox"/> Contractor's Choice	
Signature (Owner or Applicant)	Date

**COMPLETE SITE PLAN ON BACK**

