

PERMIT NUMBER 7277		Franklin County Health Department P. O. Box 546, 6955 Hwy. 145 S., Carnesville, GA 30521		BUILDING PERMIT NO. 	
		APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL FOR ON-SITE SEWAGE MANAGEMENT SYSTEM		RECEIPT NUMBER 4132	
TES)		Subdivision, Street or Road Tanglewood South Lot #12			
Property Location (Address, Block, Lot, Directions to Property) - Go toward Royaton - Take (R) at Smith Rd in Royaton, take next (R) Woodbridge take next (R) Timberwood take (R) Tanglewood - 4 way stop take (L) - Tanglewood S. Lot 12					
Property Owner's Name Keith Cross		MUST BE INSPECTED CALL (706) 384-5575 BEFORE 9 AM		Date 5-30-97	
Owner's Address 189 Tanglewood S. Royaton GA 30662				Phone No. 706-245-8809	
Permit Applicant's Name and Address Keith Cross - Same as above				Phone No.	
Type Facility (Residence, Church, Motel, Restaurant, etc.) House		Water Supply ☒ Public ☐ Community ☐ Individual		Garbage Disposal ☒ Yes ☐ No	
				No. of Bedrooms or No. of Gallons Per Day 3	
Lot Size 1 1/2 Acres		Soil Conditions (Absorption Field) Percolation Rate 30 Min./In; Water Table or Rock Depth _____ Feet: Soil Type _____			
Total Capacity Septic Tank 1500 Gals. Dosing Tank _____ Gals. Grease Trap _____ Gals.		Absorption Field Area Total Sq. Ft. 750 Total Linear Ft. 250 Trench Width In. 36" Trench Depth In. _____		Type System GRAVEL	
		Level of Plumbing Outlet ☒ Ground Level ☐ Split Level ☐ Basement		Field Layout Method ☐ Distribution Box ☐ Mound ☐ Level Field ☒ Serial Distribution ☐ Other (Explain below)	
I hereby apply for a construction permit to install an on-site sewage management system and agree that the system will be installed to conform to the requirements of the rules of the Georgia Department of Human Resources, Chapter 290-5-25. I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover.					
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 issue.					
☐ Experimental ☐ Yes ☒ No					
I hereby accept a construction permit for an on-site sewage management system, and subsequent approval of same by representatives of the Georgia Department of Human Resources or County Board of Health shall not be construed as a guarantee that such systems will function satisfactorily for a given period of time, furthermore, said representatives do not by any action 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.					
ARE THERE ANY WELLS OR SPRINGS WITHIN 100' OR STREAMS WITHIN 50'? ☐ Yes ☒ No					
Signature (Owner or Applicant) Keith Cross		Remarks *1500 Gallon Tank - Pump Tank Annually			
Approved by (Health Department Representative) [Signature]		Date of Issue 6-2-97		Date Inspected 7-29-97	
				Proposed Layout ☒ Approved Final Inspection ☐ Yes ☐ No	

2:00 7/29/97 Jimmy Brown

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DATES) MAILED ☐ GIVEN ☐		Subdivision, Street or Road Tanglewood South Lot #12			
Property Location (Address, Block, Lot, Directions to Property) Go toward Royston - Take (R) at Smith Royston, take next (R) Woodbridge take next (R) Timberwood take (R) Tanglewood. 4 mi stop take (R) Tanglewood S. Lot #12					
Property Owner's Name Keith Cross			MUST BE INSPECTED CALL (706) 384-5575 BEFORE 9 AM		Date 5-10-97
Owner's Address 184 Tanglewood S. Royston Ga 30662			Phone No. 706-245-8309		
Permit Applicant's Name and Address Keith Cross - Same as above			Phone No.		
Type Facility (Residence, Church, Motel, Restaurant, etc.) House		Water Supply ☒ Public ☐ Community ☐ Individual		Garbage Disposal ☒ Yes ☐ No	
				No. of Bedrooms or No. of Gallons Per Day 3	
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☐ Experimental ☐ Yes ☒ No					
ARE THERE ANY WELLS OR SPRINGS WITHIN 100' OR STREAMS WITHIN 50'?					
☐ Yes ☒ No					
Signature (Owner or Applicant) K. Keith Cross		Remarks 10' From Property Line. *1500 Gallon Tank - Pump Tank Annually 10' Ditch House Work Dum			
Approved by (Health Department Representative) C. S. Thomas		Date of Issue 6-2-97		Date Inspected 7-29-97	
		Proposed Layout		Approved	
		Final Inspection		Yes _____ No _____	