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

Steps 1 & 2 <u>MUST</u> be completed prior to submitting an application. Please <u>DO NOT</u> 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 <u>https://benhillcounty-ga.gov/business-directory/zoning/</u> 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 212 E Central Ave Fitzgerald, GA 31750 229-426-5149

- 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. <u>ALL</u> documentation must be submitted to the health department. Incomplete applications <u>WILL NOT</u> 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.



## APPLICATION FOR APPROVAL FOR COMMERCIAL SITE EVALUATION FOR AN ON-SITE SEWAGE MANAGEMENT SYSTEM

Property Owner Name	Phone Number(s)		
Address of Property Owner	CITY	STATE Z	ZIP
Applicant's Name	Phone Number(s)	JIAILZ	
Applicant's Address	CITY	STATE Z	ZIP
Location of Property: i.e. Subdivision (Block & Lot Number):			
Street Address:	CITY	STATEZ	ZIP
Directions to Property:			
Lot Size:Acre(s)Square Feet			
Description of business conducted at facility:			
Detail all expected water uses (include any hazardous waste; hazardous waste disposal required DNR permit):			
Seating Capacity: *Maximum number of employees/personnel: Business days & hours			
* The water system must have a DNR permit and approval when drinking water is provided to 25 or more persons.			
	*	es 🗌 No 🗌 E	Existing 🗌
Expected water flow (gallons/day): If > 2,000 gpd, plans must be drawn by an engineer			
Submit this application form along with the site evaluation fee, a plat of the property, a copy of the floor plan, and a sketch or building site plan which shows: lot dimensions; building location and dimensions, original grade, final floor elevation, proposed stub-out			
elevation; distances from property lines to building; location of drives, parking areas, swimming pools and outbuildings; location of			
ponds, streams, swamps or other drainage ways; and location of wells on property and within 100 ft. of property lines. Lot corners			
and building location must be staked prior to the site evaluation. When all of the above have been submitted/completed, contact the local Environmental Health for a site evaluation appointment.			
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I hereby authorize the County Board of Health to conduct a site evaluation on this property for the purpose of determining its suitability for the development with an on-site sewage management system to serve the facility described on this application.			
Signature (Owner or Applicant)		Date	



## ON-SITE SEWAGE DISPOSAL SYSTEM COMMERCIAL PROPERTY PERMITTING CHECKLIST

- $\Box$  1. Site Plan to include the following:
  - A: Property lines and lot areas  $\Box$
  - B: Topographic layout if needed  $\Box$
  - C: Water system plan and location  $\Box$

D: Proposed sewage disposal system and alternate drain field area  $\Box$ 

- E: Roads and Parking areas  $\Box$
- F: Buildings and proposed future expansions  $\Box$
- G: Original and proposed finished grades (cut and fill)  $\Box$
- H: Proposed finish floor level and plumbing stub out location and elevation  $\Box$
- $\Box$  2. DNR approval of water system if 25 or more people are to be served
- $\Box$  3. Written statement of project proposal stating:
  - A: Nature of business  $\Box$
  - B: Hours per day and days per week of operation  $\Box$
  - C: <u>Maximum</u> number of seats, spaces, employees, customers or other measures of projected sewage flow.
- $\Box$  4. Approval of Zoning Office
- □ 5. Approval of Planning Commission