

PICKENS COUNTY SEPTIC SYSTEM APPLICATION

Office Hours Mon-Fri 8:00-9:30am and 1:00-1:30pm

Phone 706-253-0900

Property Owner's Name and Mailing Address _____

Builder's Name (If Applicable) _____

Contact Phone Number: _____

Other Phone Number: _____

Location of Construction Site:

Subdivision (If Applicable) Name: _____

Lot # _____

Water Supply: Public Water Individual Well or Spring

Lot Size: _____ Road Name: _____

Directions to Property: _____

Building Details (Check the box that applies):

Residence Business Other (Describe: _____)

Slab Crawl/House Crawl/Mobile Home Basement

Main Floor Number of Bedrooms: _____ 2nd Floor/Loft Bedrooms: _____ Basement Bedrooms: _____

If unfinished basement with stubout- Full Bath Half Bath

Kitchen Garbage Disposal: YES NO

Swimming Pool Requested: YES NO

Environmental Health Inspection (all of the below must be provided)

Property Surveyed and Flagged Plat of Property Level III Soil Report

8 1/2" x 11" SIGNED copy of House Plan Driveway and House Site Staked/Flagged

I understand that no grading, cutting, or filling of lot shall be done prior to final approval by this department

Applicant Signature _____

Date _____

For Office Use Only

Date Submitted for Evaluation: _____ Date Evaluated by Dept: _____ Initials: _____

Changes Required: _____