



The City of Garden City, Georgia
100 Central Avenue, Garden City, Georgia 31405
Phone: 912.966.7777 Fax: 912.963.2772

APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM

Date: _____
City applying for: _____
Owner's Name: _____
Address: _____
Day Phone: _____ Cell: _____ Fax: _____
Type of Business: Business Residence Number of Bedrooms: _____

LOCATION OF PROPERTY:

Legal Description: _____ PIN Number: _____ Lot No.: _____
Address: _____ Subdivision: _____
Detailed Directions: _____

Size of Lot: Front: _____ Rear: _____ Sides: Right: _____ Left: _____

Existing Subdivision: Yes No Water Supply: Public Private Community

Number of existing buildings on lot now: _____
Adjacent property: Any factors influencing approval of this lot? _____

Remarks: _____

Applicant Signature _____ Date _____

Chatham County Health Department _____ Date _____

★ATTACHMENT: Plot plan showing proposed building, well and surrounding wells, and any driveways, pools, etc. planned. (Can be professionally drawn or hand drawn.)

★★NOTE: Connection shall be made to a public or community sewage treatment system when such system is available within two hundred feet (200') of the property, or available in public right-of-way abutting the property.



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APPLICATION FOR WELL PERMIT

Office Use Only

Approved to issue by: _____
 Date Paid: _____ Permit Number: _____
 Finance Receipt Number: _____ Date permit issued and mailed: _____

1. PIN (Property Identification Number) _____
2. On Lot number _____ Tract or Subdivision _____
3. Situated on the _____ side of _____ Street / Road / Avenue
4. Between _____ Road / Street / Avenue and _____ Street / Road / Avenue
5. Property mailing address _____
6. Deep Well Shallow well
7. Estimated depth in feet _____ Method of Construction _____
8. The specific purpose of which such well is to be used _____
9. The number of gallons of water per minute such well will be capable of pumping _____
10. The anticipated amount of water to be used per day in the operation of such well _____
11. Desired yield _____ Proposed diameter or well in inches _____
12. Type of well casing proposed _____
13. Depth of casing _____ Motor horse power _____
14. Number of dwelling units / structures served by the proposed well _____
15. Tank size _____
16. Distance of the proposed well site from:
 - (a) Nearest septic tank or drainfield _____
 - (b) Property line _____
17. The nearest distance from the well owner's property to the nearest county / city / community water supply line is _____ feet.

I / We the undersigned have truthfully, to the best of our knowledge, completed the above application for a City of Garden City Well Permit. I / We understand that the issuance of a Well Permit in no way constitutes a right to violate any City of Garden City Ordinance.

 Owner Name

 Owner Address

 Home Phone / Work Phone

 Date

Chatham County Health Department

 Contractor / Agent (Print)

 Contractor / Agent Signature

 Contractor Address

 Contractor Phone Number

Date