

Jackson County Environmental Health

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On-Site Sewage Management Failure Report Form

Date Received: _____

Complaint ID: _____ (office use only)

Address: _____

Subdivision: _____ Block ____ Lot # ____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Owner of Property: _____

Owner Address: _____

Owner Phone: _____ Owner Email: _____

Check all that apply: Surfacing in yard Backing up in house Other: _____

Description of Failure: _____

Sketch

Please attach a copy of your pump out receipt and pumper inspection notes if system has been pumped out recently.

Have additions or alterations to the site been made since installation? If yes, please describe:

Type of Facility: _____ Year Built: _____ System Age: _____

of Bedrooms or GPD: _____ Date of Last Pump Out: _____ Garbage Disposal? *Y/N*

Drain field type: Conventional Gravel Chamber Other: _____

Septic Tank Size: _____ Lot Size: _____ Water Provider: _____

Water Usage:

Month:

Gallons: