





Georgia Department of Public Health On-Site Sewage Management System Performance Evaluation Report Form

APPLICANT NAME: James Gross	PROPERTY/SYSTEM ADDRESS: 416 COOK RD FLEMING, GA 31309	EVALUATION ID: 033581
APPLICANT PHONE: (980) 350-9595		COUNTY: Liberty
APPLICANT EMAIL ADDRESS: James@noblelandpartners.com	SUBDIVISION/LOT/BLOCK: //	REASON FOR EVALUATION: Sale, Loan, or Ownership Transfer

Inspection Records

Yes	1. Inspection records exist for this septic system.
Yes	2. Inspection records indicate that all components of the septic system were properly constructed and approved at the time of original inspection. A copy of the original inspection report is attached.

Maintenance Records (applicable copies are attached)

No	3. Maintenance or installation records indicate that the tank has been pumped out or installed within the past 5 years. Note: it is recommended that septic tanks be pumped at least once every 5 years.
N/A	4. Systems with aerobic treatment unit(s) (ATU): Records indicate the ATU has been serviced in accordance with the manufacturer's recommended maintenance schedule OR an authorized representative of the manufacturer has provided documentation that the ATU is operating sufficiently.
N/A	5. Systems with grease trap(s): Maintenance records indicate the grease trap(s) has been pumped out within the last 6 months OR documentation has been provided by a qualified individual confirming that the grease trap contains less than 75% of the designed grease holding capacity and is operating sufficiently.

System Assessment and Existing Site Conditions (applicable copies are attached)

N/A	6. The septic tank was uncovered at the time of this County Board of Health Evaluation OR maintenance records exist and the tank appears to meet the required design, construction, and installation criteria. The appropriateness of the sizing and installation criteria of the absorption field cannot be verified since no initial inspection records exist.
N/A	7. A Georgia certified septic tank installer has provided written documentation of the system design, location, and components.
Yes	8. This site evaluation by the County Board of Health revealed no evidence of system failure.
No	9. This site evaluation by the County Board of Health revealed no evidence of adverse conditions which would affect the functioning of the system.

Addition to Property

N/A	10. This site evaluation as well as the provided information indicate that the proposed construction to the home or property should not adversely affect the functioning of the existing system.
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Relocation of Home or Change of Use

N/A	11. This site evaluation as well as the provided information indicate that the system appears to meet the required design, construction, and installation criteria to accommodate the proposed relocation of the home or change of use for the facility should not adversely affect the functioning of the existing system.
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See 2nd page for evaluation notes, disclaimer, and signature.

Performance Evaluation Report Form (continued)

PROPERTY/SYSTEM ADDRESS:

416 COOK RD FLEMING, GA 31309

EVALUATION ID:

033581

SUBDIVISION/LOT/BLOCK:

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Adverse Conditions (i.e. malfunctioning or damaged system or clear evidence of a condition, or conditions, that would likely contribute to system malfunction or unacceptable risk to public health):

System is overgrown with pine trees that appear to be 5 to 10 years old.

This is an aquatic system that is meant to have aquatic plants growing in open treatment cells. Cells are covered with pine straw and no aquatic plants are present.

There is no guarantee that this system will function for any length of time.

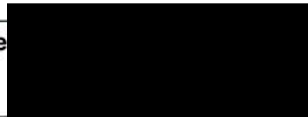
Additional Notes/Comments:

State of property suggests that it has been vacant for 10+ years.

Inspector:

Christopher Gowen

Signature



Date:

03/06/2026

I verify the above information to be correct at the date and time of this evaluation only. **Disclaimer:** This verification shall not be construed as a guarantee of the proper functioning of this system for any given period of time. No liability is assumed for future damages that may be caused by system malfunction.

ON-SITE SEWAGE DISPOSAL SYSTEM FINAL FIELD APPROVAL REPORT
FOR PERMIT NUMBER [97242]

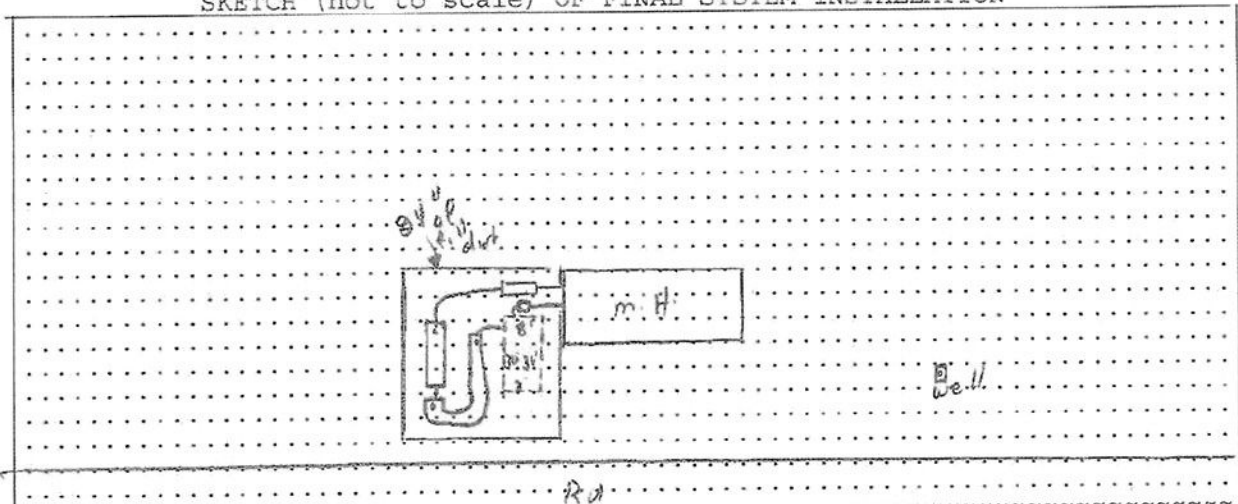
Property Owner [REDACTED] Phone [REDACTED] 179 033
Mailing Address [REDACTED] RINCON, GA
This was for the construct of a system for A SINGLE FAMILY RESIDENCE
Number of Structures = 1, Using an INDIVIDUAL water supply
A GARBAGE DISPOSAL UNIT WILL NOT BE USED FOR THE STRUCTURE(S)
LOCATION WORK ACCOMPLISHED: Tax Map Number = C38A Parcel Number = 018;
General directions to property is ON COOK RD ON CURVE BEFORE DEADEND.
PLEASE MAKE THIS AN IMPORTANT PART OF YOUR HOME RECORDS

[REDACTED]
RINCON, GA [REDACTED] 416 Cook Rd

*----->CHANGE OF ADDRESS REQUESTED ON ENCLOSED FORM

- 1) System = NOT GIVEN and Drain Field Method = LEVEL FIELD
2) Approved for a total number of 750 Gallons Used/Day
3) TOTAL NUMBER OF All: Types of Storage Tanks = 1;
Gallons For ALL The Tanks = 1000; Septic Tanks = 1, GALS = 1000;
Drain Field Areas = 1 and Square Feet of all the Drain Field Lines = 438
5) Average Depth Of Trenches = 18 inches from top of fill finished grade
6) In a filled area 24 inches HIGH by 60 Ft. LONG by 40 Ft. WIDE
DATE OF FINAL INSPECTION WAS 04/23/97
Septic Tank Contractor was OWNER

SKETCH (not to scale) OF FINAL SYSTEM INSTALLATION



Inspected by CRW ON / /

416 Cook Rd