

Troup County Health Department  
Environmental Health Section  
900 Dallis Street LaGrange, Ga.30240  
office 706-298-3702 fax 706-298-3655

Application Date:\_\_\_\_\_

Permit Number:\_\_\_\_\_

**APPLICATION FOR ON-SITE SEWAGE MANAGEMENT SYSTEM PERMIT**

**ADDITION / POOL PERMIT (\$70) \_\_\_\_\_**

**PLEASE INCLUDE DETAILED SITE PLAN SHOWING ADDITION TO PROPERTY.**

Construction Address:\_\_\_\_\_ City:\_\_\_\_\_

Subdivision:\_\_\_\_\_ Phase:\_\_\_\_\_ Lot #:\_\_\_\_\_ Acreage:\_\_\_\_\_

Builder \_\_\_\_\_ Year Built \_\_\_\_\_

Property Owner:\_\_\_\_\_ Telephone#:\_\_\_\_\_

Applicant's Name:\_\_\_\_\_ Telephone#:\_\_\_\_\_

Directions To  
Site:\_\_\_\_\_

Comments:\_\_\_\_\_

Type Facility: \_\_\_\_\_House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Commercial  
Water Source: \_\_\_\_\_Public \_\_\_\_\_ Well

#Of Bedrooms Before Construction \_\_\_\_\_ # Of People \_\_\_\_\_

# Of Bedrooms After Construction \_\_\_\_\_

Garbage Disposal \_\_\_\_\_ Yes \_\_\_\_\_ No

Description Of Addition:  
\_\_\_\_\_  
\_\_\_\_\_

**Type System Wanted**

- \_\_\_ Gravel
- \_\_\_ High Capacity Chamber
- \_\_\_ Standard Chamber
- \_\_\_ Polystyrene
- \_\_\_ Bundled Pipe
- \_\_\_ Drip
- \_\_\_ Sand
- \_\_\_ Bio-Peat

I hereby apply for a construction permit to install or construct an on-site sewage management system and agree that the system will be installed to conform with the requirements of the Rules and Regulations of the Georgia Department of Human Resources, Public Health, Chapter 290-5-26. I certify that the above information as furnished is accurate to the best of my knowledge. I understand that if I change any information included on this application, including type of system, that I must notify the Troup County Health Department. I understand that if the site is altered after permitting without prior approval from the Troup County Health Department that the permit is voided. I understand that a certified contractor must install the system and that final inspection is required. I will notify the Troup County Health Department upon completion of construction and before applying final cover. I understand that the Troup County Health Department will not be responsible for conditions unknown at the time of permit issuance. This application expires (12) months from the date of issue.

Authorized Signature:\_\_\_\_\_ Date:\_\_\_\_\_ Revised 8/26/14

## Sketch Of Property

- Provide a sketch (in space above) of proposed building location, driveway, septic system, initial and reserve area locations, and all additional structures (existing and proposed).
- Show the dimensions of the lot and setback distances from the house and other structures to property lines.
- Note any wells, proposed trash pit locations, streams, ponds or lakes on property.
- The corners of the house must be clearly staked before the initial site review can be done.
- Show the Northerly Direction with a North Arrow.

I, Applicant/Owner hereby certify that all of the information contained in these pages and any other attachments are true and correct; I acknowledge that such information is relied upon by the Troup County Environmental Health Department, and the permit may be voided if any information is untrue or incomplete.

**Applicant/Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_