

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**

**Repair Permit (\$70) \_\_\_\_\_**

Failure Address: \_\_\_\_\_ City: \_\_\_\_\_

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

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

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

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

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

Type Facility: \_\_\_\_\_ House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Commercial  
Water Source: \_\_\_\_\_ Public \_\_\_\_\_ Well

#Of Bedrooms \_\_\_\_\_ # Of Persons \_\_\_\_\_

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

Description Of Failure: \_\_\_\_\_

How long has system been failing \_\_\_\_\_

**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