

Troup County Environmental Health
900 Dallis Street, LaGrange, GA 30240
Phone 706-298-3702 Fax 706-298-3655

Application Date _____
Closing Date _____

Application for Visuals

Well (\$140.00) _____ Septic (\$140.00) _____ Well & Septic (\$140.00) _____

Address _____ City _____

Subdivision _____ Lot _____ Acreage _____

Property Owner _____ Phone _____

Builder _____ Year Built _____

Applicant _____ Company _____ Phone _____

Applicant Address _____

Directions to site _____

Well Information

Type: Drilled _____ Bored _____ Other _____

Well Builder _____

Septic Information

Number of Bedrooms _____ Garbage Disposal? Yes _____ No _____

Type water supply? Public _____ Well _____

Last time septic tank pumped? _____

(Systems over 5 years old must be pumped or show proof of being pumped in past 5 years.)

Must Have Payments Before Services.

I hereby apply for a visual to an on-site sewage management system and agree that the system will conform to 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 if the site is altered after visual inspection without prior approval from the Troup County Environmental Health Department that the visual inspection is voided. I understand that the Troup County Environmental Health Department will not be responsible for conditions unknown at the time of the visual inspection.

Authorized Signature _____ Date _____

Revised 8-26-14

No visuals will be done until this form is complete and returned to our office. No exceptions.