

**INDIVIDUAL WELL WATER REPORT
TROUP COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES**

900 Dallis Street, LaGrange, GA 30240 (706) 298-3702

Fee \$ 35.00

APPLICATION DATE _____ APPLICATION NO. _____

FINANCIAL INSTITUTIONAL REQUEST PERSONAL INFORMATION

Closing Date _____

Present Owner _____ Applicant _____

Address _____ Address _____

Phone (Days) _____ Phone (Days) _____

Site Address _____

Street Number Street/Rd Subdivision Lot Builder

Directions _____

WATER SUPPLY

SOURCE	TEST FOR	CHLORINATION	CONSTRUCTION
BORED <input type="checkbox"/>	COLIFORM <input type="checkbox"/>	YES <input type="checkbox"/>	APPROVED <input type="checkbox"/>
DRILLED <input type="checkbox"/>	FECAL <input type="checkbox"/>		DISAPPROVED <input type="checkbox"/>
DUG <input type="checkbox"/>	BOTH <input type="checkbox"/>	NO <input type="checkbox"/>	APPROVED AS NOTED <input type="checkbox"/>
OTHER _____			

COMMENTS: _____

SAMPLE COLLECTED:

DATE _____

TIME _____

LOCATION _____

BY _____

RESULTS

COLIFORM _____ Colonies per 100 ML

FECAL _____ Colonies per 100 ML

DATE _____

TIME _____

BY _____

RETEST:

DATE _____

TIME _____

LOCATION _____

BY _____

RETEST

COLIFORM _____ Colonies per 100 ML

FECAL _____ Colonies per 100 ML

DATE _____

TIME _____

BY _____