

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

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

**Fee \$ 35.00**

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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 \_\_\_\_\_

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**WATER SUPPLY**

<b>SOURCE</b>	<b>TEST FOR</b>	<b>CHLORINATION</b>	<b>CONSTRUCTION</b>
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: \_\_\_\_\_

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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 \_\_\_\_\_