



TROUP COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
900 DALLIS Street, Suite A, LaGrange, GA 30240
PH (706) 298-3702 FAX (706) 298-3655

New Commercial Septic Permit Application

TYPE FACILITY - (if property is a mall or strip shopping center, check all to be included within development)

RESTAURANT - No. of seats Carry-out only (Y/N) Single service (Y/N)

HOTEL/MOTEL - No. of rooms Kitchenette in rooms(Y/N) Breakfast bar (Y/N) (if "Y", requires food service permit) Pool (Y/N) (if "Y", requires public pool permit)

EVENT CENTER/ASSYMBLY HALL - Capacity of facility To be catered (Y/N) Food prepared on site (Y/N) (If "Y", food service permit required)

CHURCH - No. of seats Kitchen(Y/N) Public Daycare (Y/N) Public School (Y/N)

SCHOOL - No. of students/faculty Cafeteria (Y/N) Gym (Y/N)

DAYCARE - No. of children/staff Meals (Y/N) Washing Machine (Y/N)

MEDICAL OFFICE - No. of exam rooms Washing Machine (Y/N)

DENTAL OFFICE - No. of chairs Continuous water (Y/N) Demand Water (Y/N) Washing Machine (Y/N)

VETERINARY/ANIMAL CLINIC - No. of runs No. of cages No. of employees Washing Machine (Y/N)

SALON/BARBER - No. of chairs No. of employees Washing Machine (Y/N)

RETAIL/CONVENIENCE STORE (freestanding) - No. of restrooms No. toilets/urinals

RETAIL (strip mall/center) - Total Enclosed Sq. Ft.

OFFICE/FACTORY - Number of employees Kitchen (Y/N) Showers (Y/N)

ADDITIONAL INFORMATION/COMMENTS



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900 DALLIS STREET, SUITE A , LAGRANGE, GA 30240
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PROPERTY INFORMATION

Business Name _____

Address _____

City _____ State _____ Zip Code _____

LOT SIZE(acre) _____ BUILDING SIZE (sq ft) _____ Water Supply: Public _____ Private _____

OWNER INFORMATION

Business Owner _____

Address _____ Suite _____

City _____ State _____ Zip Code _____

PH(1) _____ PH(2) _____ Fax _____

EMAIL _____

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

PH(1) _____ PH(2) _____ Fax _____

EMAIL _____

SPECIFIC DIRECTIONS TO PROPERTY



COWETA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
28 E. Washington St. Newnan, GA 30263
PH (770) 683-7345 FAX (770) 254-7425

District Director

New Commercial Septic Permit Application

TYPE OF SYSTEM PREFERRED - _____ Conventional/gravel _____ Polystyrene (EZ Flow, etc) _____ Chamber
_____ Other (specify _____)

****NOTE TO APPLICANT****

1. Attach detailed site plan/engineered design (if required) indicating primary and replacement septic systems
2. **Level 3 Soil Analysis w/ Liability Insurance document**
3. Stake/flag building corners and parking areas
4. Mark all property lines
5. **Place sign at road designating construction site**

I hereby apply for a construction permit to install or construct an on-site wastewater management system. The system will be installed to conform to the rules and regulations of the Georgia Department of Public Health, Chapter 511-3-1. I understand that final inspection is required and will notify the Coweta County Environmental Health Department upon completion of construction and before applying final cover. Permit expires 12 months from the date of issue.

The information as furnished in this application is true, and correct to the best of my knowledge. The owner/applicant is responsible for adverse soil conditions, such as rock or water tables encountered. The grant of a permit by the Coweta County Board of Health for the installation of any on-site wastewater management system does not constitute a warranty of endorsement.

Signature _____ Date of application _____

Print Name _____

*****FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS APPLICATION COULD RESULT IN A DELAY OF PERMIT APPROVAL*****