



TROUP COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
900 DALLIS STREET, SUITE A, LAGRANGE, GA 30240
PH (706) 298-3702 FAX (706) 298-3655

Commercial Septic Repair Permit Application

PLEASE PROVIDE SHORT DESCRIPTION OF PROBLEM:

PLEASE DESCRIBE ADDITIONS TO PROPERTY:

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 permits 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) _____



TROUP COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

900 DALLIS STREET, SUITE A, LAGRANGE, GA 30240

PH (706) 298-3702 FAX (706) 298-3655

Commercial Septic Repair Permit Application

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 _____

REASON FOR REPAIR APPLICATION

_____ FAILURE IN SYSTEM FUNCTION _____ ADDITION TO FACILITY(s)



J. Patrick O'Neal, M.D., Commissioner | Nathan Deal, Governor
Olugbenga, Obasanjo, M.D., Ph.D., M.P.H., M.B.A.

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

District Director

Commercial Septic Repair Permit Application

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

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*****