



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

New Residential Septic Permit Application

PROPERTY INFORMATION

SUBDIVISION _____ Lot Number _____ Phase _____
Address _____
City _____ State _____ Zip Code _____
Lot Size (acre) _____

SPECIFIC DIRECTIONS TO PROPERTY (if new building lot/parcel only)

OWNER INFORMATION

Name _____
Address _____
City _____ State _____
Zip Code _____
PH (1) _____ PH (2) _____
EMAIL _____

APPLICANT INFORMATION

(Check if same as owner)

Name _____
Address _____
City _____ State _____
Zip Code _____
PH (1) _____ PH (2) _____
EMAIL _____

Number of bedrooms: Garbage disposal (Y/N)

STRUCTURE INFORMATION

Water Supply (check one):

- Public
- Individual (well)
- Municipal/Community

Foundation (check one):

- Slab Crawl space
- Basement Split level
- Other: _____

Plumbing stub-out location (check one):

- Slab Crawl space
- *Basement Split level

(*Lift pump for basement (Y/N) _____)



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

New Residential Septic Permit Application

TYPE SEPTIC SYSTEM PREFERRED

Conventional (gravel) _____ Chamber _____

EZ-Flow _____

Other _____ (_____)

TYPE FACILITY (check all that apply)

House _____ Mobile/Manufactured Home _____

Detached garage/shop _____ (Plumbing (Y/N)) _____

Other _____ (_____)

The following information must be provided: 1) lot sketch showing lot dimensions, proposed building location/dimensions, proposed building line and side line distances; 2) street or road name; 3) well location if applicable and good locations on adjacent properties; 4) driveway, patio, or other paved surfaces; 5) underground utilities; 6) plumbing stub-out and proposed drainfield location; 7) location of easements and flood plan; 8) include detached structures

SKETCH (indicate primary and replacement areas for proposed septic system)

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******