



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

Residential Repair Permit Application

PROPERTY INFORMATION

Subdivision _____ Lot Number _____ Phase _____

Property Owner _____

Address _____

City _____ State _____ Zip Code _____

PH (1) _____ PH (2) _____ Email _____

Inside Pets outside Pets

APPLICANT INFORMATION

Name _____ (check if same as owner)

Address _____

City _____ State _____ Zip Code _____

PH (1) _____ PH (2) _____

****NOTICE TO APPLICANT****

1. Additions to property **REQUIRED** to be marked with flags/stakes
2. Swimming pool location should be staked or outline painted on ground
3. **Access must be available – gates must be open – dogs/other animals must be relocated**

PLEASE SELECT REASON FOR REPAIR APPLICATION

Failure in currently installed septic system (septic tank, drainfield lines)

Addition to property (specify on next page under "addition section")

Number of bedrooms after addition

Manufactured/Mobile Home replacement ----- Total no. of bedrooms in replacement:

Burned structures rebuild ----- Total no. of bedrooms in rebuilds:



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STRUCTURE INFORMATION (please provide following information if known)

Current number of bedrooms

Private well (Y/N) _____ Location _____

Current Septic System Information:

Septic tank size (gal) _____ Pump system (Y/N) _____

Pump tank size (gal) _____ Location of septic tank and drainfield _____

System Type: _____ conventional/gravel; _____ sandline; _____ chamber; _____ ez-flow;

_____ drip; _____ other (specify) _____

FAILURE IN SYSTEM INFORMATION (check all that apply)

Please provide a short description of problem:

- Sewage backing up in house
- Sewage surfacing at septic tank
- Sewage surfacing in drainfield lines
- Surface water / drainage problems
- Problem occurs after heavy rains

ADDITIONS (check all that apply)

Please provide short description of addition:

- Bedroom(s)
- Non-bedroom (den, office, closet, etc.)
- Garage, shop, storage - Plumbing(Y/N) _____
- Barn - Plumbing(Y/N) _____
- Swimming pool

Other _____



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

Residential Repair Permit Application

TYPE SYSTEM PREFERRED FOR REPAIR

- Conventional/gravel 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.

During a repair installation, I understand that obstacles such as rock, water tables, water lines, gas lines, etc. may be encountered in the approved area, and I hereby agree to assume full responsibility for any damage or inconveniences these obstacles may cause. I furthermore understand this site approval does not guarantee that an existing septic system will not be encountered since systems are often repaired or altered after original installation. If a septic system is encountered, I will repair it immediately according to current rules and regulations (DPH Chapter 511-3-1) for individual on-site sewage management systems.

The information as furnished in this application is true, and correct to the best of my knowledge. 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*****