Forsyth County Environmental Health

514 West Maple Rd, Suite #404
Cumming, Georgia 30040
PH: 770-781-6909 · FAX: 678-807-7343 · www.forsythhd.com

Application for Septic Permit

Date: _____ **Property Type**: Residential ☐ Commercial ☐

SERVICE TYPE:

☐ **New** ☐ **Repair** ☐ **Addition/Modification**

***** ***If this is a repair:***

Date septic tank pumped: _____

Location of the failure: _____

How is the system failing? ☐***Backing up into the House*** ***or*** ☐***Surface Discharge***

Description of work or service requested: _____

_____

_____

_____

_____

SERVICE ADDRESS

Address: _____
Street City State Zip

Subdivision: _____ Lot#: _____ Lot Size (acres): _____

Gate Code: _____ Animals: ☐ Yes ☐ No If yes, type: _____

Water Supply (check one): ☐ **Public** ☐ **Community** ☐ **Private (well)**

Plumbing Level: (check one): ☐ **Basement** ☐ **Above Ground Level** ☐ **Ground Level**

(Residential) # of Bedrooms: _____ **or** **(Commercial) # of Gallons Used Per Day** _____

Garbage Disposal: (check one): ☐ **Yes** ☐ **No**

OWNER INFORMATION

Name: _____ Phone #: _____

Email address: _____

AUTHORIZED AGENT/CONTACT INFORMATION

Name: _____ Phone #: _____

Email address: _____

It is your responsibility to notify the Health Department of all water wells on your property or wells within 100 feet of your property. This includes wells used for ANY purpose, or any that are no longer used or have not been properly abandoned. You must notify this office of the location of any wells prior to the issuance of the permit or your permit may be voided. Permits are not transferable and expire 12 months from date of issues. All surface and/or ground water must be diverted around septic systems. A new soil report is recommended before any septic repair.

Signature of Applicant: _____

Print name: _____