



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

***** Other structures proposed or existing yes or no If yes, please explain intent of use:

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)

Foundation type: Basement Crawl Space Slab

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: _____