

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

Date: Property Type: Residential Commercial		Application	for Septic Permit		
New					
Date septic tank pumped:					
Location of the failure: How is the system failing? Backing up into the House or DSurface Discharge Surface Discharge Sufface Discharge Disposal: (check one): Basement Crawl Space Sufface Discharge Disposal: (check one): Sufface Disposal: (check one): Sufface Discharge Disposal: (check one): Sufface Disposal: (check one)				lification	***** If this is a repair:
#***** Other structures proposed or existing					
****** Other structures proposed or existing yes or no If yes, please explain intent of use: Description of work or service requested:	(5) 53 talent etc.				
SERVICE ADDRESS	150 550 550				
SERVICE ADDRESS					
Street City State Zip Subdivision:	Description of work or se	rvice requested:			
Street City State Zip Subdivision:		CEDA	VICE ADDDESS		
Street City State Zip Subdivision:	Address:				
Gate Code:	S	treet	City	State	Zip
Water Supply (check one):	Subdivision:		Lot#:	Lot Siz	ze (acres):
Water Supply (check one):	Gate Code:	Animals: ☐ Yes ☐	No If yes, type:		
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 fredate of issues. All surface and/or ground water must be diverted around septic systems. A new soil report is recommended before any septic					
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 fredate of issues. All surface and/or ground water must be diverted around septic systems. A new soil report is recommended before any septic					
Garbage Disposal: (check one):	Plumbing Level: (check one): □ Basement □ A	Above Ground Level	☐ Ground Le	vel
OWNER INFORMATION Name:	(Residential) # of Bedrooms	: or	(Commercial) # of Ga	llons Used Per	Day
Name:	Garbage Disposal: (check o	ne): 🗆 Yes 🗆 No		~	
Name:		OWNEI	RINFORMATION		
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