



Forsyth County Environmental Health

514 West Maple Street Suite 404 · Cumming, Georgia 30040

PH: 770-781-6909 · FAX: 678-807-7343 · www.forsythhd.com

District 2, Public Health

Application for Pool Evaluation

Date: _____

Property Type:

Residential ☐

Commercial ☐

Description with sizes:

Dimensions of Pool: _____

Dimensions of Spa: _____

Amount of Decking to be installed: _____

Miscellaneous existing or proposed structures on property and intended use: _____

SERVICE ADDRESS

Address: _____
Street City State Zip

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

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

HOME INFORMATION:

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. . AN APPLICATION MUST BE COMPLETE OR WILL NOT BE ACCEPTED!

Signature of Applicant: _____

Print name: _____