

Print name: \_

Forsyth County Environmental Health 309 Pirkle Ferry Rd, Building D Suite 500 · Cumming, Georgia 30040 PH: 770-781-6909 · FAX: 678-807-7343 · www.forsythhd.com District 2, Public Health

## **Application for Septic Permit or Performance Evaluation**

Date:	<b>Property Type</b> :	Residential	Commercial □
SERVICE TYPE:			
□ New □ Repair	☐ Remodel	☐ Addition	☐ Adoption/Foster Care
□ Barn/Shed/Storage Building ****** If this is a repair:  Date septic tank pumped.	□ <b>Pool</b>	□ Review Before Purcha	ase     Lender Request
Location of the failure: _			
How is the system failing	? □Backing up into the	House or □Surface I	Discharge
Description of work or service	e requested:		
		VICE ADDRESS	
Address:Street		City	State Zip
Subdivision:		•	<u>.</u>
Gate Code:			
Water Supply (check one):			
Plumbing Level: (check one):			
(Residential) # of Bedrooms:			allons Used Per Day
		(Commercial) # of G	anons Used Fer Day
Garbage Disposal: (check one):	⊔ res ⊔ No		
	OWNE	R INFORMATION	
Name:	Phone #:		
Email address:			
	AUGUODIZED A CE	NECONE CE INCON	A SA MYON
		NT/CONTACT INFORM	
Name:		Phone	e#:
Email address:			
property. This includes wells use must notify this office of the loca not transferable and expire 12 m systems. A new soil report is reco	d for ANY purpose, or an tion of any wells prior to onths from date of issues.	ny that are no longer used on the issuance of the permit of All surface and/or ground	perty or wells within 100 feet of your r have not been properly abandoned. You r your permit may be voided. Permits are water must be diverted around septic
Signature of Applicant:			