

Lumpkin County Environmental Health

Septic Repair or Modification Permit Application

Owner's Name: _____ Date: _____
Last First

Owner's Current Mailing Address: _____
(number) (street) (apt/suite)

(city) (state) (zipcode)

Phone: _____ Email: _____

PROPERTY ADDRESS: _____
(house #) (street) (city) (zipcode)

Lot size (acres): _____ Number of bedrooms: _____

If in a subdivision: Subdivision name: _____ lot number: _____

Septic Installer's Name (if chosen): _____

Phone: _____ email: _____

Repair? Yes ___ No ___ Modification/Addition? Yes ___ No ___

How old is your existing septic system? _____ Do you/we have a record of it? _____

Do you have basement plumbing? Yes ___ No ___ Do you have a garbage disposal? Yes ___ No ___

Do we need to meet at the site? Yes ___ No ___ Do you have a private well? Yes ___ No ___

Where on the property is the well located? _____

Directions to property: _____
from our office

**** You must include a plat of the property and payment with this application. ****

Signature: _____ Date: _____