



Application For An On-Site Sewage System Permit

GENERAL APPLICATION INFORMATION

PROPERTY TAX ACCOUNT #:		LOT #:	Sec:	Twp:	Rg:
<input type="checkbox"/> New <input type="checkbox"/> Expedited <input type="checkbox"/> Renewal <input type="checkbox"/> Redesign <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Waiver Review					
Applicant Name:			Plat / SP Name:		
Mailing Address:		City:	State:	Zip:	
Applicant Phone:		Applicant Email:			
Installation Address:		Installation City:		Zip:	
Water Supply: Individual Well _____ Public _____ Name _____					

SEWAGE DISPOSAL SYSTEM DESIGN INFORMATION

Type of Building:	<input type="checkbox"/> New	<input type="checkbox"/> SFR	<input type="checkbox"/> Duplex	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____	# of Bedrooms _____
	<input type="checkbox"/> Existing					
Pretreatment Type:	<input type="checkbox"/> SF	<input type="checkbox"/> ATU	<input type="checkbox"/> PBF	<input type="checkbox"/> N/A	<input type="checkbox"/> Other _____	
Dispersal Type:	<input type="checkbox"/> Gravity	<input type="checkbox"/> LPD	<input type="checkbox"/> SSD	<input type="checkbox"/> Mound	<input type="checkbox"/> SLB	<input type="checkbox"/> Other _____
Lot Size: _____ Operating Capacity: _____ (gallons/day) Design Flow: _____ (gallons/day)						
% Slope in Drainfield Area: _____ Depth to Water Table/Restrictive Layer: _____ (inches) Soil Texture Type (1-6): _____						
Application Rate: _____ (gal/sq ft/day) Absorption Area: _____ (sq ft) Installation Depth: _____ (inches)						
Septic Tank Size: _____ (gallons) Pump Chamber Size: _____ (gallons) Date Soils Logged: _____						
Required Cover Soil: Volume: _____ (cubic yards)						

DESIGNER INFORMATION

Designer Name (Printed):	Designer Signature:
Address:	License Number:
Email:	Phone:
Fee Simple Owner, Contract Purchaser or Owner's Authorized Agent's Name (Printed):	Fee Simple Owner, Contract Purchaser or Owner's Authorized Agent's Signature:

Designer Comments: _____

HEALTH DISTRICT USE ONLY

<input type="checkbox"/> APPLICATION APPROVED EHS _____ Date _____ APPROVAL EXPIRES ON: _____
Comments/Conditions:
<input type="checkbox"/> APPLICATION DISAPPROVED EHS _____ Date _____

Environmental Health Division