

On-Site Sewage Facility Inspection

APPLICATION FOR INSTALLATION OF ON-SITE SEWAGE FACILITY

(APPLICATION UPDATED 6/01/21)

- NEW CONSTRUCTION
 ALTER, EXTEND, OR REPAIR

PERMIT NO. _____

PROPERTY OWNER'S NAME: _____

PERMANENT MAILING ADDRESS: _____

Street/Box

City

Zip

TELEPHONE: _____

Home

Work

Mobile

911 ADDRESS: _____

Street/Box

City

Zip

LEGAL DESCRIPTION OF PROPERTY: (attach legal description) Acres _____

Lot _____ Block _____ Subdivision _____ Phase _____

OR Abstract number _____ Survey Name _____

SOURCE OF WATER: Private Well OR Public Water from _____

SINGLE FAMILY RESIDENCE: Number of Bedrooms _____ Living Area (Sq. Ft.) _____

Has Water Saving Devices (WSD)? YES NO Maximum Daily Water Consumption (gpd): _____

COMMERCIAL/INSTITUTIONAL (Including multi-family residence) Type: _____

No. Employees/Occupants _____ Days Occupied Per Week _____ Shifts _____ Max. Daily Water Consumption (gpd): _____

DESIGNER: _____ LICENSE NO. _____ EXP DATE _____

SITE EVALUATOR: _____ LICENSE NO. _____ EXP DATE _____

INSTALLER: _____ LICENSE NO. _____ EXP DATE _____

INSTALLER'S PHONE NUMBERS: _____

I certify the above statements are true and correct to the best of my knowledge. Authorization is hereby granted to the county to enter upon the above-described private property for the purpose of lot evaluation and inspection of on-site sewage facilities. I understand approval of this application constitutes authorization for construction of the on-site sewage facility and that a permit to operate the facility will be granted following a successful inspection of the installed system which indicates that the system was installed in compliance with the County's "Construction Standards for On-Site Sewage Facilities".

Owner's Signature

Date