SEPTIC SYSTEM APPLICATION

_______________________________________  ________________________________________
Property Owner’s Name and Mailing Address

_______________________________________  Contact Phone Number: ________________________
Builder’s Name (If Applicable)  Other Phone Number: ____________________________

Location of Construction Site:
Subdivision (If Applicable) Name: ___________________________________________ Lot # _______

Water Supply: □ Public Water  □ Individual Well or Spring

Lot Size: __________  Road Name: _________________________________________________

Gate Code #: __________  Directions to Property: ______________________________________

Building Details (Check the box that applies):
□ Residence  □ Business  □ Other (Describe: ____________________________)
□ Slab  □ Crawl/House  □ Crawl/Mobile Home  □ Basement

Main Floor Number of Bedrooms: _____  2nd Floor/Loft Bedrooms: _____  Basement Bedrooms: _____

If unfinished Basement with stub out:  □ Full Bath  □ Half Bath

Kitchen Garbage Disposal: □ Yes  □ No  Swimming Pool requested: □ Yes  □ No

Environmental Health Inspection (all of the below must be provided)
□ Property Surveyed and Flagged  □ Plat of Property  □ Level III Soil Report
□ 8 ½” x 11” SIGNED copy of House Plan  □ Driveway and House Site Staked/Flagged

I understand that no grading, cutting, or filling of lot shall be done prior to final approval by this department

_______________________________________  ___________________
Applicant Signature     Date

For Office Use Only
Date Submitted for Evaluation: ________ Date Evaluated by Department: ________ Initials: ________

Changes Required: _________________________________________________________________

Revised 1/09