

APPLICATION FOR PERMIT TO CONSTRUCT, ALTER, OR REPAIR A SUBSURFACE SEWAGE DISPOSAL SYSTEM

The following information MUST be provided:

1. TYPE OF SYSTEM: NEW _____, REPAIR _____, ADDITION _____, OTHER _____.
2. LOCATION OF PROPERTY: _____
3. OWNER'S NAME AND ADDRESS: _____
4. TYPE OF STRUCTURE: RESIDENCE _____, APARTMENT _____, RESTAURANT _____, OTHER _____
5. WATER SUPPLY: WELL _____, LOCATION APPROVED? _____, MDC _____, OTHER _____
6. SITE INVESTIGATION CONDUCTED BY: _____
RESULTS ATTACHED? _____ AREA OF SPECIAL CONCERN? _____ PLAN BY LICENSED P.E.
REQUIRED? _____ APPROVAL OF COMMISSIONER REQUIRED? _____
PERCOLATION RATE _____ minutes per inch.
7. DESIGN CRITERIA: RESIDENTIAL: # OF BEDROOMS _____. ALL OTHER _____

8. SYSTEM DESIGN: SEPTIC TANK CAPACITY REQUIRED _____ GAL.
EFFECTIVE LEACHING AREA REQUIRED _____ SQUARE FEET
SPECIAL REQUIREMENTS: _____

LEACHING SYSTEM: TRENCHES _____, PITS _____, GALLERIES _____, BEDS _____, OTHER _____
NUMBER _____, WIDTH _____, LENGTH _____, DEPTH _____.
9. INSTALLER: _____ PHONE: _____
ADDRESS: _____ LICENSE NUMBER: _____
10. COMMENTS: Two (2) copies of the proposed plan MUST be provided showing: (a) location of the primary and reserve areas; (b) dimensions and flow elevations of the primary system; (c) surface elevations and contours; (d) location of wells and water lines on this and adjacent lots; and (e) surface and subsurface drains and watercourses. This Department must be notified by the installer AT LEAST 24 hours before starting system construction. NO PART of the system may be covered without the approval of this Department. NO DEVIATION from the approved plan is permitted without the approval of this Department, IN ADVANCE. An "as built" drawing must be furnished to this Department before the system installation will be approved.

11. APPLICANT'S SIGNATURE: _____ DATE: _____
12. PERMIT TO CONSTRUCT APPROVED/DENIED. DATE: _____ SIGNATURE: _____
Telephone No: _____

13. INSTALLATION APPROVED
SIGNATURE: _____ DATE: _____