



**APPLICATION FOR A PERMIT TO  
CONSTRUCT, MODIFY OR ABANDON A WATER WELL AND/OR  
INSTALL OR MODIFY A SMALL SEWAGE DISPOSAL SYSTEM**

Property Owner(s) \_\_\_\_\_ Soc. Sec. No. (s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Location of property (be specific) \_\_\_\_\_

Facility served is:  New  Existing Size of Lot \_\_\_\_\_ sq.ft./acres. Water Source: \_\_\_\_\_

Type Facility:  Residence: No. of bedrooms \_\_\_\_\_ No. of individuals served \_\_\_\_\_  
 Other \_\_\_\_\_

Property Deed Recorded in Book No. \_\_\_\_\_ Page \_\_\_\_\_ Date Recorded \_\_\_\_\_

County tax map \_\_\_\_\_ Parcel No. \_\_\_\_\_

Name of subdivision \_\_\_\_\_ Approval No. \_\_\_\_\_ Section \_\_\_\_\_ Lot \_\_\_\_\_

***The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.***

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the well driller and sewage system installer of the existing or proposed locations of sewage systems and well. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of the existing sewage system or well if said location is presently unknown to me.

Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

**WATER WELL INFORMATION**

Application is for a permit to  Construct  Modify or  Abandon a water well.  
If constructed or modified, well will be used for  potable water  water exploration  other \_\_\_\_\_

If abandoning well, abandonment method: \_\_\_\_\_

Type of casing \_\_\_\_\_ Type & Method of Grouting \_\_\_\_\_ Distance to Property Line \_\_\_\_\_ ft.

Distance of Well from Potential Sources of Contamination:

Streams, rivers, impoundments \_\_\_\_\_ Sewers & drains (non-watertight) \_\_\_\_\_ Privies (vault) \_\_\_\_\_  
Sewage absorption fields \_\_\_\_\_ Sewers & drains (hydrostat. tested) \_\_\_\_\_ Barnyard/feeding \_\_\_\_\_  
Septic tank \_\_\_\_\_ Sewage holding tank \_\_\_\_\_ Water areas \_\_\_\_\_  
Other \_\_\_\_\_

Well Driller (please print) \_\_\_\_\_ Telephone \_\_\_\_\_

Business Address \_\_\_\_\_

Well Driller's Certification No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Liability Insurance Expiration Date \_\_\_\_\_

Dept. of Labor Contractor's License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Issued to \_\_\_\_\_

Contractor's Bond or Letter of Credit Expiration Date \_\_\_\_\_

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit and current liability insurance coverage.

Date: \_\_\_\_\_

Signature of Certified Well Driller: \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY** County: \_\_\_\_\_ Coordinates N \_\_\_\_\_ W \_\_\_\_\_ Date Recv'd. \_\_\_\_\_  
Date Site Evaluation \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date Fee Paid \_\_\_\_\_ Received From \_\_\_\_\_  
Contractor's Bond/Letter of Credit Exp. Date Verified By \_\_\_\_\_ Liability Insurance Exp. Date Verified By \_\_\_\_\_  
Water Permit  Issued  Denied Permit No. \_\_\_\_\_ Sewage Permit  Issued  Denied Permit No. \_\_\_\_\_  
Comments \_\_\_\_\_

**SEWAGE DISPOSAL SYSTEM INFORMATION**

Application is for a permit to:

Install

Modify

Check all that apply:  Septic Tank  Absorption Field  Holding Tank  Pit Privy  Vault Privy

Alternate System (attach detailed plans)  Chemical/Composting Toilet  Other: \_\_\_\_\_

Septic Tank: Capacity (gallons) \_\_\_\_\_ Material \_\_\_\_\_ Manufacturer \_\_\_\_\_

Absorption Field: Equivalent to \_\_\_\_\_ sq.ft. of conventional gravel trench system.

Trench System: No. of lines \_\_\_\_\_ Lengths \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ ft. Pipe ASTM No. \_\_\_\_\_

Gravel Trench Width \_\_\_\_\_ inches; or Gravelless Pipe Diameter \_\_\_\_\_ inches.

Chamber System: Manufacturer \_\_\_\_\_ No. of Chambers \_\_\_\_\_

Soil Absorption Bed (Requires oversizing of bottom surface area by 30%.)

If soil absorption bed: Length \_\_\_\_\_ feet by Width \_\_\_\_\_ feet Pipe ASTM No. \_\_\_\_\_

If chamber system: Manufacturer \_\_\_\_\_ No. of Chambers \_\_\_\_\_

Distances in feet (to nearest) Septic tank to: Bldg. foundation \_\_\_\_\_ Property line \_\_\_\_\_ Water supply \_\_\_\_\_

Absorption field to: Bldg. foundation \_\_\_\_\_ Property line \_\_\_\_\_ Water supply \_\_\_\_\_

Percolation Test: Test Holes #1 = \_\_\_\_\_ mins. #2 = \_\_\_\_\_ mins. #3 = \_\_\_\_\_ mins. #4 = \_\_\_\_\_ mins.

Total minutes = \_\_\_\_\_ divided by 24 = \_\_\_\_\_ average time for water to fall one inch.

Six-foot hole free of water or solid rock?  Yes  No Test conducted on (date) \_\_\_\_\_

The undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the design standards. In the event that the percolation rate has received previous approval in a subdivision application to the health department, the owner's signature shall certify acceptance of the percolation test results for purposes of system design.

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

*I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.*

Installer (please print) \_\_\_\_\_ Telephone \_\_\_\_\_

Business Address \_\_\_\_\_

Installer's Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dept. of Labor Contractor's License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Issued to \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Installer: \_\_\_\_\_

**SKETCH** - Please draw a sketch of the property showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards, or any other factors which can be a possible source of contamination for the water supply.

• House -x- Water supply line **q** Water Supply ||||| Trees **(P)** Percolation test site **[ST]** Septic tank  
----- Soil absorption line **ö** Direction of ground slope \_\_\_\_\_ Property line **[MH]** Mobile Home