



**APPLICATION FOR A PERMIT TO 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 with this application is true and I understand that I am responsible for employing a properly certified and licensed sewage system installer and for informing that installer of the existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

Date: _____

Signature of Owner: _____

PERCOLATION TEST

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) _____ using approved procedures outlined in the Design Standards.

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: _____

FOR HEALTH DEPARTMENT USE ONLY County: _____ Coordinates N _____ W _____ Date Recv'd. _____
Date Site Evaluation _____ Reviewed by _____ Date Fee Paid _____ Received From _____
Sewage Permit Issued Denied Permit No. _____ Comments _____

