

Sandra Deausy, M.D.  
Health Officer  
Amanda J. Lahners, REHS/RS  
Administrator



**Application for Commercial On-Site Sewage System**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Email Address is required** \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Site address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parcel ID number (required):** \_\_\_\_\_

Township: \_\_\_\_\_ T: \_\_\_\_\_ R: \_\_\_\_\_ Sec: \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**New** (construction): \_\_\_\_\_

**CHECK ONE (repairs only)** Repair (existing): \_\_\_\_\_ Tank only: \_\_\_\_\_ Tie in: \_\_\_\_\_

Upgrade \_\_\_\_\_ Failure \_\_\_\_\_ Pump & Haul \_\_\_\_\_ Operating: \_\_\_\_\_

**Water supply:** Private well: \_\_\_\_\_ or Public Water: \_\_\_\_\_

**Please Read:**

I hereby certify that the information above is accurate and true to the best of my knowledge. I agree to construct the business according to state specifications and to accommodate the placement of the septic system.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT name: \_\_\_\_\_

**Please check one of the following: Owner: \_\_ Builder/Contractor: \_\_\_\_\_ Agent: \_\_\_\_\_**

<b>Office use only</b>
<b>Name:</b> _____
<b>Date:</b> _____
<b>Reference/Parcel #</b>