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Health Officer
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Administrator



Application for Residential On-Site Sewage System

Applicant name: _____

Address: _____ City: _____ State: ____ Zip: _____

Email Address (required): _____ @ _____

Home phone #: _____ Cell #: _____ Fax #: _____

Property owner: _____ Phone #: _____

Address: _____ City: _____ State: ____ Zip: _____

Site address: _____ City: _____ Zip: _____

Subdivision: _____ Lot#: _____

Parcel ID number (required) _____

Township: _____ T: ____ North R: ____ West Sec: _____

Number of bedrooms: _____ Single family: _____ Multiple family: _____

New (Construction): _____

Repair Existing System: _____ **CHECK ONE (repairs only):** Failure: _____

Upgrade: _____ Tank Only: _____ OR Tie-IN to existing system: _____

Whirlpool tub > 125 gallons: Y / N Garbage disposal: Y / N

Water softener: Y / N Rental property: Y / N

Water Supply: Private Well: _____ City Water: _____

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

SIGNED: _____ DATE: _____

PRINT name: _____

Please check one of the following: Owner: _____ **Builder/contractor:** _____ **Agent:** _

Office use only
Name: _____
Date: _____
Reference/Parcel# _____