



Application for a Permit to Install or Modify an Onsite Sewage Disposal System

Property Owner _____ Phone (H) _____ (W) _____
Address _____ City _____ State _____ Zip Code _____
Property Location _____

Has this property ever been previously denied for a permit? Yes No Date _____
Facility is New Existing Lot Size _____ Acres /Sq. Ft. Water Source _____
Type Facility Residence Other _____
Number of Bedrooms _____ Number Individuals Served _____ Design Daily Flow _____ gpd
Deed Recorded in Deed Book _____ Page _____ County Tax Map _____ Parcel No. _____
Subdivision Name _____ 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 sewage system installer of the existing or proposed locations of sewage systems and water sources including wells. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or proposed sewage systems or wells if presently unknown to me.

Date: _____ Signature of Owner: _____

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
Alternative System (attach detailed plans) Chemical/Composting Toilet Other _____

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 is free of water or solid rock? Yes No Test conducted on (date) _____

I hereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. **Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing.**

Date: _____ Signature of Certified Installer: _____

For Health Department Use: Coordinates N _____ W _____ Date Rec'd _____
Site Eval _____ By _____ Date Fee Pd _____ Rec'd From _____
Permit Issued Denied Permit # _____ Comments _____

