

SEPTIC REPAIR APPLICATION

Date Received _____

Receipt # _____

OWNER INFORMATION

Date Filed: _____

Owners Name: _____ Previous Owner: _____

Owners Address: _____ City, State, Zip: _____

Daytime Phone #: () _____ Fax #: () _____

PROPERTY SITE INFORMATION

Property ID # _____

Township: _____ Subdivision & lot: _____

Property Address / Location: _____ City, Zip: _____

Septic Contractor: _____ Phone: () _____

___ No. of Acres # of bedrooms ___ new or existing ___

___ Single-family dwelling ___ Bathtubs greater than 125 gal. ___ Grinder Pump?

___ Multi-family dwelling

Proposed Water Supply

___ Mobile Home ___ Well ___ Municipal ___ Other

___ Other ___ Commercial

Signature of applicant / agent: _____ date: _____

Applicants name printed: _____

FOR OFFICE USE ONLY

SEPTIC TYPE: _____

___ Gallon septic tank

___ Elevated sand mound

___ Perimeter drainage

___ basal

- Soil Report Submitted
- Surveyor's Drainage Bond
- Trench Bottom above RFE
- Sketch Submitted
- Fee Paid
- Well Log Submitted
- Land-use verified

___ Maximum trench depth

___ absorption area

___ Gallon dosing tank

___ Upslope drainage w/stone

___ Absorption area

___ Chamber system sq feet per bedroom

___ Sq. feet absorption area / BR- conventional system

___ Other _____

Comments: _____

Environmental Health Specialist: _____