

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

____ Maximum trench depth

____ absorption area

____ Gallon dosing tank

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

____ Upslope drainage w/stone

____ Absorption area

____ Chamber system sq feet per bedroom

____ Sq. feet absorption area / BR- conventional system

____ Other _____

Comments: _____

Environmental Health Specialist: _____

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- * Sec. 6. "Bedroom" means either any room:
- (1) in a residence that the local health department and the owner agree could be occupied for the purpose of sleeping and contains:
- (A) an area of seventy (70) square feet or more;
- (B) at least one (1) operable window or exterior door for emergency egress or rescue; and
- (C) for new construction, a closet; or

11/5/2018