



Health Department

APPLICATION FOR Onsite Wastewater System

Owner/Facility Name _____ Application Date _____

Current Address _____ City _____ Zip _____

Phone No. (____) _____ Email Address _____

Property Address _____ County Area or City _____

*Subdivision _____ Plat _____ Lot No. _____

**Tax ID No. _____ Fax No. (____) _____

Residence: No. of Bedrooms: _____ Finished Basement: Yes No System Sized for: _____ No. Bdrms

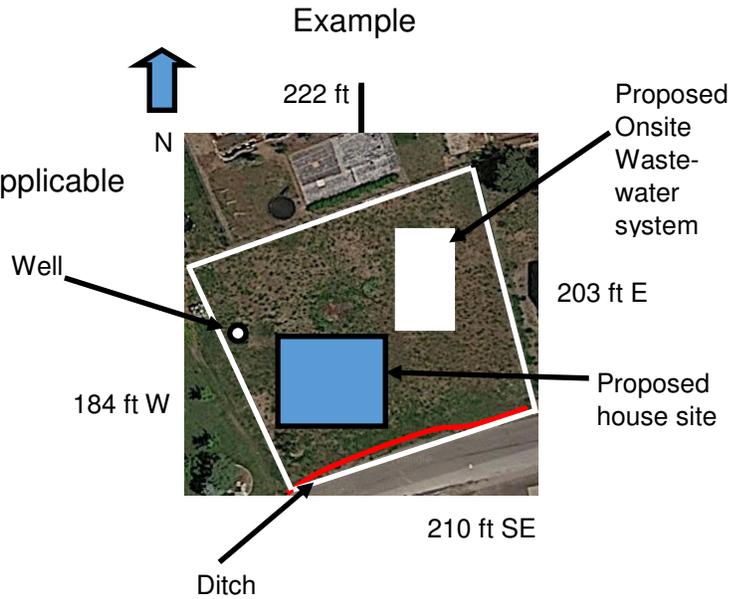
Non-Residential: Facility Type: _____

Source of Domestic Water: _____

Application Checklist:

- Lot Plan with Dimensions
- Location of All Waterways including Wells if Applicable
- Arrow Showing North Orientation

Comments:



***If located in a Subdivision, Plat and Lot No. are required.**

****Application will not be accepted without Tax ID No. and All Checklist Items.**

Filed In: _____
File No. _____
Tax ID No. _____

Amount Paid \$ _____
Payment Date _____
Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/>
Received By _____