South Central Public Health District

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SUBSURFACE SEWAGE DISPOSAL (SEPTIC) PERMIT APPLICATION

Property/Site Address: _____ Lot/Parcel Size: _____ acres

County Parcel #: _____ Legal Description: T - _____ R - _____ Sec. - _____

City: _____ County: _____

Subdivision: _____ Lot: _____ Block: _____

Directions (nearest crossroad): _____

Applicant Name: _____ e-mail: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Applicant is: ☐ Property owner ☐ Contractor ☐ Installer ☐ Other: _____

Property Owner Name: ☐ Same as above _____ Phone: _____

Mailing Address: _____ email: _____

City: _____ State: _____ Zip Code: _____

Installation Type: ☐ New ☐ Expansion ☐ Replacement ☐ Repair ☐ Tank Only ☐ Vault Privy ☐ Pit Privy

Proposed Usage: ☐ Residential ☐ Non-Residential (commercial/industrial) ☐ ADU ☐ RV Park ☐ RV Dump Station
☐ Central (more than 2 dwellings, separate ownership) ☐ Large Soil Absorption (LSAS) (>2,500 gpd) ☐ Other (barn, shop, etc.)

Existing structure(s) on this parcel? ☐ Yes ☐ No Type of Structure: _____ Year Built: _____

Total # of Bedrooms (residential only): _____ and/or # of ADU _____ Total # of Bathrooms: _____ Total # of People: _____

Non-Residential Wastewater Flows (letter of intended use attached): ☐ Yes ☐ N/A Maximum Flows (gpd): _____

Total Square Footage: _____ RV Connection: ☐ Yes ☐ No Garbage Disposal: ☐ Yes ☐ No

Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☐ Slab ☐ Other: _____

Location of Property: ☐ City ☐ City Impact Area ☐ County

Local planning and zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☐ N/A

Is city sewer or central wastewater collection system within 200 feet or less to structure? ☐ Yes ☐ No

Water Supply: ☐ Private Well ☐ Shared Well (non-PWS) ☐ Public Water System ☐ Other:

Signature: _____ Date: _____

By my signature above, I certify I am the owner, lessee, or authorized representative of the owner, and that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the South Central Public Health District of any changes to the above information if performed prior to completion of the permitted system. I understand that this application and any subsequent permits are non-transferable between property owners and/or project sites, and that this application **will expire two (2) years from the date of purchase**. The application or permit, if issued, may be renewed if the renewal is applied for on or before the expiration date. I hereby explicitly authorize agents of the South Central Public Health District to access this property for the purposes of conducting site evaluations and all necessary regulatory inspections required to issue and maintain this permit.

Official Use Only

Application Date: ***Fee Paid: $*** ***Date Paid:*** ***Receipt #:*** ***Facility #:*** 14310-