South Central Public Health District

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APPLICATION FOR SUBDIVISION/LAND DEVELOPMENT REVIEW

Developer/Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

e-mail: _____ Phone: _____

Subdivision Name: _____

City: _____ County: _____

Location of Subdivision: _____

Legal Description: Township _____ Range _____ Section _____ ¼ Section _____ ¼ Section _____

Site Parcel Number: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

e-mail: _____ Phone: _____

Engineer: _____ License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

e-mail: _____ Phone: _____

Surveyor: _____ License Number: _____

e-mail: _____ Phone: _____

PROJECT DESCRIPTION

_____

_____

_____

_____

LAND INFORMATION

Total Acres: _____ Total # Lots: _____ Buildable Lots: _____ Non-buildable Lots: _____

Minimum Lot Size (acres): _____ Average Lot Size (acres): _____

WATER SUPPLY

Source of Water Supply: ☐ Surface Water ☐ Groundwater

Type of Water Supply: ☐ Private Well ☐ Shared Well ☐ Public Water System (Will Serve Letter required)

If supplied by a public water system (PWS), name of the PWS: _____

SEWAGE DISPOSAL

Proposed type of sewage disposal system(s):

☐ Individual Septic (Will Not Serve Letter required if project is within 2,000 ft. of municipal sewer)

☐ Municipal Sewer (Will Serve Letter required)

☐ Central Septic or LSAS Septic (>2 dwellings or 2,500 gpd)

If municipal sewer is proposed, services to be provided by: _____

Will Serve Letter provided by municipality: ☐ Yes ☐ No ☐ N/A

PLAT INFORMATION

Type of Plat: ☐ Residential ☐ Commericial ☐ Industrial

Location: ☐ City ☐ County ☐ City Impact Zone

Directions: _____

STORMWATER RETENTION

Disposal Type: ☐ Shallow Injection Wells (drywells) ☐ Grassy Swale ☐ N/A

Service for: ☐ Street Only ☐ Street & Lots ☐ Other ☐ N/A

CHEMICAL & HAZARDOUS MATERIALS (Commercial or Industrial Subdivisions Only)

Are chemicals or petroleum products likely to be stored/handleded/used at these sites? ☐ Yes ☐ No ☐ N/A

If yes, provided a description:_____

_____

Applicant 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 approval 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 final plat. I hereby explicitly authorize agents of the South Central Public Health District to access this property for the purposes of conducting site evaluations and inspections to determine the status of sanitary restrictions.

This Section for Official Use Only

If on-site subsurface sewage disposal systems are proposed, pre-development meeting should be held with the Health District.

Date of Meeting: _____

Application Date: _____	Fee $_____	Date Paid: _____
Subdivision #: _____	Fee $_____	Date Paid: _____
File/Document #: _____	Receipt #: _____	
Instrument #: _____	Receipt #: _____	

Sanitary Restrictions: ☐ In-Force ☐ Satisfied ☐ See Attached Letter

REHS Signature: _____ EHS #: _____ Date: _____