

This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection. County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. Complete in the contract of the con documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

X Env	rironmental	Health New Septic System
1.	All property	Health New Septic System ricons must be made visible. Place "plnk property flags" on each corner iron of lot. All property lines r
	be clearly fla	agged approximately every 50 feet between corners. The house corner flags at each corner of the proposed structure. Also flag driveways, garages, decks
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SHEEDS SHOW A COLUMN	Plana Arana	Environmental Health part in location that is easily viewed from rodu to desist in locating pro-
	If property is	thickly wooded. Environmental Health requires that you clean out the undergrowth to allow the sent that
	to be perforn	and inspectors should be able to walk freely around site. Do not grade property.
	All lots to b	the addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred cover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
	ianule to un	cover obtret no, mark house corners and property nines, etc. onco is
0	Environmen	tal Health Existing Tank Inspections
	Follow above	instructions for placing flags and card on property.
		respection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if pos
		Iid back in place. (Unless inspection is for a septic tank in a mobile home park) /E LIDS OFF OF SEPTIC TANK
SEPTIC		"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"
	g for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
(_) Acc	cepted	[_] Innovative {] Conventional {] Any
() Alto	ernative	{} Other
The applic	ant shall notif	by the local health department upon submittal of this application if any of the following apply to the property in
		is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	≥ NO	Does the site contain any Jurisdictional Wetlands?
YES	₩ NO	Do you plan to have an irrigation system now or in the future?
{_}}YES	NO	Does or will the building contain any drains? Please explain.
()YES	Z NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES		Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES	12 NO	Is the site subject to approval by any other Public Agency?
{_}}YES	IX NO	Are there any Easements or Right of Ways on this property?
{_}}YES	∠ NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And Sta Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.