



A Commitment to Service

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PLAN CHECK PERMIT: INS	STALL/REPAIR PERMIT:
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SEWAGE DISPOSAL SYSTEM APPLICATION

PROPERTY OWNER INFORMATION:	SEWAGE CONTRACTOR INFORMATION:			
Name:	Company Name:			
Mailing Address:	Contractor License Number:			
	Contact Person:			
Site Address:	Address:			
APN:	E-Mail:			
Phone #:	Phone #:			
TYPE OF SYSTEM (circle one): ASTS	Conventional			
Proposed Use (circle one): Residential	Commercial			
Type Of Permit (circle one):				
New Construction Addition	Repair			
Tank Install Tank Destruct	Sewer Line, Circle one: Gravity Pump			
DESIGN FLOW:Gallons/Day # of	Bedrooms/Potential Bedrooms:(If applicable			
Bedroom Count Verified by (circle one) : Building	Plans Physical Inspection Other:			
SITE EVALUATION TEST DATA: Please attac	ch. (If applicable)			
SEWER LINE (circle one): Existing New Size: Inches Total Length:	v Feet Material:			
SEPTIC TANK (circle one): Existing New	v Size: Gallons			
Material (circle one): Concrete Fiberglass	Polyethylene Other:			
Manufacturer:				

SUMP TANK (circle one):	res	No				
<u>If yes (circle one)</u> :	Existing	New	Size:	Gallons		
Material (circle one): Concrete	Fiberglass	Polyethylene	Other	:		
Manufacturer:						
TYPE OF DISPOSAL FIELD (circle	one): Grave	el/Pipe Cham	ber	Other:		
Trench Depth:Inches	Trench Widt	h:Inche	es	# of Leachlines:		
Length of each Leachline:Fe	et Total	Length of Leac	hlines: _	Feet		
Fill (circle one): Yes No If yes, depth of fill: Inches						
DICTRIBUTION BOV (-:1	V	NI -				
DISTRIBUTION BOX (circle one):	Yes	No				
If yes (circle one):	Existing	New				

^{**&}lt;u>A MAP OF THE PROPOSED SEWAGE DISPOSAL SYSTEM SHALL</u>
BE ATTACHED TO THIS APPLICATION**