Application/ Permit for Private Sewage Disposal Facilities

Applicant				
Owner/Agent Name:			Home Phone: ( ) -	
Mailing Address:			Work Phone: ( ) -	
City		State	Zip Code	
Common Address of Installation:				
Legal Description	Lot	Block	Subdivision	Township:
Permanent Parcel Number: - - - , , , , , ,				
Septic Contractor			License Number	
Contractor Phone ( ) -				
☐ New System	☐ Renovation	☐ Residential	☐ Commercial or Institutional	

Residential		
Number of Bedrooms/Dens	Garbage Disposal ☐Yes ☐ No	Hot Tub ☐Yes ☐ No

Commercial or Institutional	
Establishment Type	Average Daily Flow GPD

Describe the System to be Installed in Detail

Perc or Soil Test Information		
Date of Test / /	Test Conducted By:	Depth to limiting layer in.

Test Hole Number	**1**	**2**	**3**	**4**	**5**	**6**	**Perc Rate**
Drop In Water Level Last Hour:							MPI

Perc Test Notes/ Soil Type

I hereby certify that the information provided on this form is to the best of my knowledge, true and correct.

Signature of Applicant	**Print Name**	**Date**
		/ /

For Office Use Only
Permit Number:
Fee Paid:

PPN:	**ID:**	**Date:**