

SEPTIC SYSTEM PERMIT APPLICATION

PROPERTY OWNER _____
 MAILING ADDRESS _____
 PHONE (____) _____ EMAIL _____
 SYSTEM DESIGNER _____ Designer Phone # _____
 LEGAL DESCRIPTION: Section _____ Township _____ Range _____ PARCEL # _____
 Subdivision Name _____ Division _____ Block _____ Lot(s) _____
 Site address & Directions to site & test pits _____

SOURCE OF SEWAGE/USE Residential _____ Commercial _____ Community _____	TYPE OF WORK New _____ Tanks only _____ Modification _____ Expansion _____ Repair _____ Tank(s) _____ Drainfield _____ Replacement _____ Tank(s) _____ Drainfield _____ Designate Reserve Area _____ Redesign _____	Water Source Private _____ Public _____ Name _____
		SITE SIZE _____ acre sq/ft Previous Evaluation Yes case # _____ No _____
System Type Conventional _____ Alternative _____		
SYSTEM DETAILS Number of Gallons/day _____ Soil type _____ (attach soil eval.) Application Rate _____ gal./sq.ft./day Drainfield Length _____ ft. Trench Width _____ ft. Trench/Bed Depth _____ in. Septic Tank size _____ gal. Pump Chamber size _____ gal. TYPE OF SYSTEM _____		

By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application packet may result in this permit being null and void. I further agree to save, indemnify and hold harmless Jefferson County against all liabilities, judgments, court costs, reasonable attorney's fees and expenses which may in any way accrue against Jefferson County as a result of or in consequence of the granting of this permit.

I further agree to provide access and right of entry to Jefferson County and its employees, representatives or agents for the sole purpose of application review and any required later inspections. Staff's access and right of entry will be assumed unless the applicant informs the County in writing at the time of the application that he or she requires prior notice. Inspections shall occur during regular business hours. Initial here if you require notification before entry _____

Appeal – A person aggrieved of a decision of the Health Officer may appeal. Appeals shall be submitted to the Health Division in writing within fifteen days after receiving written notice of the decision.

DISCLAIMER-This application is for an on-site sewage system that meets the state and county standards in effect on the date of application. This application for an onsite sewage system **DOES NOT assure you of any other County approvals.** For example, it **DOES NOT GUARANTEE** that you will later obtain permission to build a permanent residence or other structure on this parcel. Any future application will be separately judged by the rules and laws in effect at that time.

Property Owner Signature _____ **Date**

FOR OFFICE USE ONLY	
APPROVED _____	PARTIAL _____ ASBUILT _____ FINAL _____
	INSP/PUMP TEST _____ Monitoring Agreement _____
	ALL HOLD REQ. MET _____
Date _____	Fee _____ Rec # _____ Check # _____ Case # SEP _____