

APPLICATION - Subsurface Sewage Disposal, Page 1



Public Health
Prevent. Promote. Protect.
Panhandle Health District

Application Fee: _____	Date: _____
Application #: _____	EHS: _____
Receipt #: _____	Clerical: _____

Speculative Site Evaluation ☐ Septic Permit ☐ Upgrade to Permit ☐

Benefitted Parcel # (Structure Location): _____

Burdened Parcel # (Drainfield Location if different): _____

Acres _____

Property Address (if available): _____ City, Zip _____

Legal Description: Section _____ Township _____ Range _____ County _____

Subdivision: _____ Lot _____ Block _____

Directions (nearest crossroad): _____

Applicants Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Applicant is: ☐ Landowner ☐ Contractor ☐ Installer ☐ Other

Owners Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Type of Septic Installation: ☐ New ☐ Expansion ☐ Repair ☐ Tank Only

Proposed Usage: ☐ Residential ☐ Non-Residential ☐ Other (i.e. barn shop, etc.) _____

☐ Central (more than two buildings under separate ownership) ☐ Large soil Absorption (2,500 gal/day or more)

Is there an existing structure on this parcel? ☐ No ☐ Yes Year Built: _____ # of Units system will serve _____

Number of Bedrooms: (residential design only) _____ Number of Bathrooms: _____

Number of People: _____ Square-Footage _____ Garbage Disposal? ☐ Yes ☐ No

Non-Residential Flow Design: _____ Average: (gallons per day (gpd)) _____ Peak: (gpd) _____

Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☐ Slab

Property is located: ☐ Inside City ☐ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☐ N/A

Is city sewer or central wastewater collection system 1000 feet or less to structure? ☐ Yes ☐ No

Water Supply: ☐ Private well ☐ Shared Well (non-public) ☐ Public Water System Name: _____

Signature: _____ Date: _____


By my signature above, I certify 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 permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application is non-transferrable between property owners and/or project sites. **I understand that the application will expire two (2) years from date of purchase. The permit, when issued, may be renewed, if the renewal is applied for on or before the expiration date.**



Please draw an aerial view of the property showing the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, driveway and parking area, cut banks, and location of street or road. *Indicate dimensions and separation distances of each from septic tank and drainfield. **Failure to show all features of concern could cause denial of septic permit or disapproval of installation.***

PLOT PLAN

SCALE: 1" = ____'



SIGNATURE: _____ DATE: _____

By my signature above, I certify 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 permit canceled. I understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation

(Official Use Only) Plot Plan Approval Date: _____ EHS Name: _____