



<i>For Office Use Only:</i>	Permit #: _____
Date Received: _____	Date Processed: _____
Rec'd By: _____	Receipt #: _____

Sewage System Installation Permit Application/Permit Issuance

- Installation of New System (\$419) Alteration of Existing System (\$265)
 Replacement of Existing System (\$361.50) Tank Replacement (\$121.25)

Place Audit Sticker Here

PROPERTY INFORMATION

Property Address: _____

Parcel #: _____ Township: _____

PROPERTY OWNER INFORMATION

Name: _____ Phone: (____) ____ - _____

Mailing Address: _____

City, State, Zip: _____

Description of Proposed System (Sewage Category, Estimated Cost, Gallons Per Day, Discharge, & Components to be Installed): _____

INSTALLER INFORMATION

Company Name: _____ Phone: (____) ____ - _____

Applicant Name: _____

(Signature) (Print)

****PLEASE NOTE: Permit expires if installation/alteration is not completed with one (1) year from issue date.**

FOR OFFICE USE ONLY

- Approved site review.
 - Site conditions approved (visit site again prior to issuance of permit, if deemed necessary)
 - Terms/conditions regarding siting, design, installation, alteration, operation, monitoring or maintenance: _____
- _____

PERMIT VALID FOR ONE YEAR

6 month extension granted. (Sanitarian's initials): _____ Date: _____

PERMITS ARE TRANSFERABLE

- Permit issuance approved. (Sanitarian's initials): _____ Permit # _____ Date: _____
 - Permit revoked, date and reason(s): _____
- _____

Proposed Household Sewage Treatment System

Incremental repair/replacement plan conditions, including period of time, soil evaluation, water usage/reduction, phased installation and annual/periodic inspections: _____

Soil disturbance or damage, and proposed modifications: _____

_____ Approved _____ Denied _____

Inspection conducted. (Sanitarian's initials): _____ Date(s): _____

Received construction drawing, start-up information (may use design plan with notes showing any changes, horizontal isolation differences, benchmark, plan review drawing showing components).

Installation approved. (Sanitarian's initials): _____ Date: _____

Installation disapproved. (Sanitarian's initials): _____ Date and reason(s): _____

Operation permit issued. (Sanitarian's initials): _____ Date: _____

○ Terms and conditions including maintenance, operation and maintaining requirements including frequency of maintenance: _____

○ Service contract required. Conditions: _____

12 month inspection

○ Operating properly (Sanitarian's initials): _____ Date: _____

○ Not operating properly, date and reason(s): _____

OPERATION PERMIT EXPIRES 10 YEARS FROM DATE OF ISSURANCE

Operation permit renewed, suspended, or revoked (Circle one) Sanitarian initials _____ Date: _____