

Panhandle Health District I

On-Site Sewage System Application

A site evaluation is not an approval or a permit to install a septic system. Permit approval depends on the following: Site evaluation approval, the predicted maximum daily sewage flow; house size and location; well / spring location; surface water locations; changes to native soil (road cuts, grading, benching); distance to neighboring structures (wells, buildings, drainfields); proposed land use; soil quality; other issues of concern.

Permits to construct a septic system are not granted until all such issues are addressed and / or submitted in writing as part of the plot plan / permit application AND found to be consistent with current regulations.

ANY CHANGES TO THE SITE OR CONDITIONS OF THE APPLICATION AFTER ISSUANCE OF THE PERMIT MAY RENDER THE PERMIT INVALID.

Site Evaluation Site Evaluation & Permit Permit

Owner's Name				Date	
Mailing Address				Phone #	
City	State		Zip		
Legal Description	T.	R.	S.	Parcel #	
Subdivision	Lot		Block	Size	(Acres)
Location / Directions / Physical Address					

Applicant Name					
Mailing Address				Phone #	
City	State		Zip		
Applicant is:	<input type="checkbox"/> Landowner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Installer	<input type="checkbox"/> Other	

Type of Septic Installation	<input type="checkbox"/> New	<input type="checkbox"/> Replacement			
Proposed Use	<input type="checkbox"/> Individual	<input type="checkbox"/> Community (3 to 9 dwellings)	<input type="checkbox"/> Large Soil Absorption (2,500 gal / day or 10 or more dwellings)		
Is there an existing dwelling on this parcel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Description		
Type of Dwelling					
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Commercial				
<input type="checkbox"/> Multiple Family Res.	<input type="checkbox"/> Other				

(For Single & Multiple Family Residences Only)

# of Bedrooms		# of Baths		Sq. Ft.		# of People	
# of Living Units		Garbage Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

(For Community, Commercial, Large Soil Absorption & Engineered Systems Only)

Average Daily Flow		Peak Daily Flow	
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Highlighted Areas Are Required for the Permit Process to be Initiated; All Information Required for Completion

In the space provided below, please ✓ or ✗ any of the appropriate boxes. Include descriptions where possible (i.e. Surface Water - Twin Lakes). Please provide a dimensional plot plan including: all marked items below; location and size of proposed or existing drainfields and associated replacement area(s); home site; location of and distances from all existing water supply system features; proposed or existing storm water management structures, property lines, easements and right-of-ways; neighboring structures of concern; location & size of all buildings and structures on the property.

- | | |
|--|---|
| <input type="checkbox"/> Surface Water _____ | <input type="checkbox"/> Waterline - public / private _____ |
| <input type="checkbox"/> Canals / ditches _____ | <input type="checkbox"/> Neighboring dwelling _____ |
| <input type="checkbox"/> Well - public / private _____ | <input type="checkbox"/> Neighboring wells _____ |
| <input type="checkbox"/> Spring _____ | <input type="checkbox"/> Cut Banks _____ |
| <input type="checkbox"/> Easements _____ | <input type="checkbox"/> Property Line _____ |
| <input type="checkbox"/> Storm Water Management _____ | <input type="checkbox"/> Other _____ |

PLOT PLAN

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 Panhandle Health District of any changes to the above information if performed prior to completion of the permitted system.