

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO CONSTRUCT A

PRIVATE SEWAGE DISPOSAL SYSTEM

DATE APPLIED \_\_\_\_\_ NEW SYSTEM \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_ REPAIR \_\_\_\_\_

DISAPPROVAL DATE \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

\*\*\*\*\*

As a licensed sewage disposal system contractor representing the owner, I, \_\_\_\_\_

\_\_\_\_\_  
(Installer-s name, address and telephone number)

License Number: \_\_\_\_\_, hereby apply for a permit to install a private subsurface sewage disposal system as described below for:

\_\_\_\_\_  
(owner-s name and address)

on a lot located at: \_\_\_\_\_  
(House Number or Lot Number, Street and Town)

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Number of bedrooms or population: \_\_\_\_\_

Percolation Rate: \_\_\_\_\_ Septic Tank Size: \_\_\_\_\_  
(Minutes per inch)

Leaching System: Type: \_\_\_\_\_

Square Feet: \_\_\_\_\_ Linear Feet: \_\_\_\_\_

Dimensions of Lot: \_\_\_\_\_

Water Supply: Public: \_\_\_\_\_ Private Well: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant