



Request for Inspection of Existing Sewage Disposal System

_____ Sewage (\$200) # _____

Property to be inspected: _____
STREET NUMBER

CITY STATE ZIP CODE

Owner's Name: _____ Owner's Phone Number: _____

Person making request: _____ Phone number: _____

Address of person making request: _____
STREET NUMBER

CITY STATE ZIP CODE

TO EXPEDITE PROCESS: Make sure your property is mowed. On reverse side of sheet, include a drawing of the lot showing location of house, septic system, cistern or well, driveway, outbuildings, creeks, ponds, drainage gullies or related structures and landmarks.

Number of bedrooms: _____ Lot size: _____ Home occupied? Yes ___ No ___

Type of tank: Septic _____ Aerobic _____ Fiberglass/Plastic _____ Concrete _____
Metal _____ Concrete block _____ Capacity of tank: _____ gallons

Lateral field? Yes ___ No ___ Amount of lateral line _____ ft Type: _____

System age? _____ years Has system been altered? Yes ___ No ___ Unknown _____

If altered when and how? _____

Source of water supply: Cistern _____ Well _____ City _____ Other _____

Owner/Agent Affidavit: (Choose one of the following and sign below)

_____ I certify that to the best of my knowledge the existing sewage disposal system is functioning properly, is disposing of the sewage within the property boundaries, is not in violation of related regulations and is not creating a public health nuisance.

_____ I believe that the existing sewage disposal system is not operating properly and may or may not be causing a potential public health nuisance.

SIGNATURE OF APPLICANT

DATE

Note: It may be necessary for you to have portions of the sewage disposal system uncovered to allow visual inspection if component verification is needed.

Office use only

Date received: _____ By: _____ Paid by: _____ Cash _____ Check # (_____)

____ Money order # (_____) _____ Credit/debit