

APPLICATION TO CONSTRUCT, ALTER OR REPAIR A SUBSURFACE SEWAGE DISPOSAL SYSTEM

Note: This is not a Permit to Construct a Sewage Disposal System

This application must be accompanied by the appropriate fee per BHD paysheet, two (2) sets of engineered designed plans, and/or one (1) set of licensed installer plans, one (1) set of building plans if applicable and soil test data, copy of current installer's license and other information as required.

Property Owner: _____

Property Address: _____ Map/Block/Lot # _____

Name of Applicant: _____ Owner Installer Developer

CONSTRUCTION →	New <input type="checkbox"/>	Repair <input type="checkbox"/>	Residence <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Other
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BASIS OF DESIGN	NO OF BEDROOMS OR GALLONS PER DAY	SINK GARBAGE GRINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF TUBS >100 GALLONS
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FIXTURES IN BASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	BASEMENT IS: <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED	WATER SOFTENER <input type="checkbox"/> YES <input type="checkbox"/> NO	PLAN PREPARED BY <input type="checkbox"/> INSTALLER <input type="checkbox"/> PE
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PERCOLATION RATE _____ M/I	MLSS REQUIRED _____ FT	SEPTIC TANK SIZE _____ GAL	PUMP CHAMBER SIZE _____ GAL
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LEACHING SYSTEM DESCRIPTION / LINEAR FT / SQUARE FT	*DETAILED PLAN SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO
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Installer: _____ License No: _____

Installer's Address: _____

Office Phone: _____ Fax: _____ Cell Phone: _____

Comments: _____

Signature of Licensed Installer acting as duly authorized agent of Property Owner

Date

Note: A Septic Permit to Construct must be signed by a Licensed Installer after this application has been Reviewed and Approved by the Bethel Health Department.