

SEPTIC PERMIT APPLICATION

PROPERTY OWNER _____
MAILING ADDRESS _____

PHONE (_____) _____

SYSTEM DESIGNER _____ Designer Phone # _____

LEGAL DESCRIPTION: Section _____ Township _____ Range _____ PARCEL # _____

Subdivision Name _____ Division _____ Block _____ Lot(s) _____

Site address/Directions to site _____

SOURCE OF SEWAGE/USE Residential _____ Residential ADU _____ Commercial _____ Community _____	TYPE OF WORK New _____ Tank/s only _____ Modification _____ Expansion _____ Repair _____ Partial Repair - (tank) _____ (drainfield) _____ Designate Reserve Area _____ Redesign _____	WATER SOURCE Private _____ Public _____
SYSTEM TYPE Conventional _____ Alternative _____	SITE SIZE _____ Previous Evaluation Yes # _____ No _____	

SYSTEM DETAILS

Number of Gallons/day _____ Soil type _____ (attach soil eval.) Application Rate _____ gal./sq.ft./day
 Drainfield Length _____ ft. Trench Width _____ ft. Trench/Bed Depth _____ in.
 Septic Tank size _____ gal. Pump Chamber size _____ gal.

TYPE OF SYSTEM _____

By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application packet may result in this permit being null and void. I further agree to save, indemnify and hold harmless Jefferson County against all liabilities, judgments, court costs, reasonable attorney's fees and expenses which may in any way accrue against Jefferson County as a result of or in consequence of the granting of this permit.

I further agree to provide access and right of entry to Jefferson County and its employees, representatives or agents for the sole purpose of application review and any required later inspections. Staff's access and right of entry will be assumed unless the applicant informs the County in writing at the time of the application that he or she requires prior notice. Inspections shall occur during regular business hours. Initial here if you require notification before entry _____

Appeal – A person aggrieved of a decision of the Health Officer may appeal. Appeals shall be submitted to the Health Division in writing within fifteen days after receiving written notice of the decision.

DISCLAIMER-This application is for an on-site sewage system that meets the state and county standards in effect on the date of application. This application for an onsite sewage system **DOES NOT assure you of any other County approvals.** For example, it **DOES NOT GUARANTEE** that you will later obtain permission to build a permanent residence or other structure on this parcel. Any future application will be separately judged by the rules and laws in effect at that time.

Property Owner Signature _____
Date

FOR OFFICE USE ONLY			
APPROVED	PARTIAL _____	ASBUILT _____	FINAL _____
	INSP/PUMP TEST _____	Monitoring Agreement _____	
ALL HOLD REQ. MET _____			
Date _____	Fee _____	Rec # _____	Check # _____ Case # SEP _____