

REPLACE/UPGRADE

TANK ONLY

APPLICATION FOR PERMIT:
REPLACEMENT OF EXISTING INDIVIDUAL SEWAGE DISPOSAL SYSTEM

COMPLETE AND RETURN THIS FORM WITH FEE SCHEDULE AND PAYMENT (SEE SEPARATE LINK TO FEE SCHEDULE ON DEPT WEBSITE) TO THE ADDRESS SHOWN ABOVE.

APPLICANT

Name: _____

Home Address: _____

Mailing Address (if different): _____

Home/Cell Phone: _____ Work Phone: _____

Location of Property where work is to be performed:
_____ T/ _____

SYSTEM INFORMATION (EXISTING)

Septic tank of _____ gallon capacity

Clothes Washer

Total Linear Feet of Leach _____

Dishwasher

No. of Existing Bedrooms _____

Garbage Disposal

Year of Installation _____

Hot Tub

Distance from well _____ feet Dug

Drilled

Public Water Supply

SEPTIC SYSTEM CONTRACTOR: _____

ADDRESS: _____

CONTACT #s: _____

SIGNATURE OF PROPERTY OWNER

FOR OFFICE USE ONLY ----- PROPOSED UPGRADES

REPLACING EXISTING SEPTIC TANK: YES NO

ADDING ADDITIONAL SEPTIC TANK: YES NO IF YES, CAPACITY _____ GALLONS

LEACH LINES: REPLACED ADDED REPAIRED

TOTAL LINEAR FEET OF LEACH TO BE INSTALLED: _____