

Jefferson County Environmental Control

Septic System Permit Application

Permit will not be issued if form is not filled out completely.
All permit fees are non-refundable. Permit is good for one year from date of issue.

Property Owner _____
(Last) _____ (First) _____ (MI) _____
or
Company _____

Mailing Address _____
(# & Street name) _____ (City) _____ (Zip code) _____

Home phone _____ **Other/Work** _____

Site Address _____
(# & Street name) _____ (City) _____ (Zip code) _____

Property Tax ID# _____ **Acreage** _____ new home / structure existing home / structure

Subdivision _____ **lot** _____ **blk.** _____

Source of water private well public water _____

Single Family Residence: No. of bedrooms _____ Square footage _____

Commercial / Institutional (other than single family residence) **Type:** _____

Business / Institutional Name: _____

Contact name _____ **No. of employees / Units** _____

Treatment Type: Aerobic Conventional Holding tank **Disposal Type:** _____

Model #: _____

Treatment Tank: _____ (gal) Pre-Treatment Tank: _____ (gal)

Pump Tank: _____ (gal) Effluent Pump: _____ (hp)

Water saving devices: Yes No

Affidavit filed: Yes No

Maintenance Contract: Yes No Initial Maintenance Company: _____

Site Evaluator _____ **License No.** _____

Installer _____ **License No.** _____

Designer _____ **License type / No.** _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Jefferson County Environmental Control to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility and related activities.

Signature of Owner: _____ **Date:** _____

Signature of Installer: _____ **Date:** _____

Office use only

Flood zone _____ Community No. 480385 Panel _____ DP # _____ Received _____

Approved by: _____ / _____