

**MADISON COUNTY HEALTH DEPARTMENT
APPLICATION FOR ON-SITE SEWAGE DISPOSAL PERMIT**

Repair/or Replace Existing System

New Construction

DATE OF APPLICATION _____

NAME OF APPLICANT _____

ADDRESS OF APPLICANT (street, city, state, zip code) _____

_____ TELEPHONE NUMBER () _____

NAME OF PROPERTY OWNER _____

ADDRESS OF PROPERTY OWNER (street, city state, zip code) _____

_____ TELEPHONE NUMBER () _____

NAME OF INSTALLER _____ TELEPHONE NUMBER () _____

ADDRESS OF SITE _____

LEGAL DESCRIPTION: TWP _____ SECTION NUMBER _____ RANGE _____

TOWN _____ LOT NUMBER _____ SUB-DIVISION _____

COMPLETE AND ACCURATE INSTRUCTIONS FOR GETTING TO SITE _____

ON-SITE EVALUATION (SOILS REPORT) TO BE PROVIDED BY CERTIFIED SOIL SCIENTIST _____

WATER SUPPLY: PUBLIC _____ SEMI-PUBLIC _____ PRIVATE _____

LOCATION OF WELL IF PRIVATE OR SEMI-PRIVATE _____

TOTAL NUMBER OF PROPOSED BED ROOMS OR EQUIVALENTS _____

TYPE OF DWELLING: _____ One or two family _____ Multiple Dwelling _____ Non-residential _____

On a separate sheet or form, please outline the property site. Please include property lines and proposed building location. Also include any existing buildings, driveways, fence lines, etc, as well as any proposed structures, such as out buildings, patios, or swimming pools.

