

On-Site Sewage Disposal Application

PROPERTY AND SEWAGE SYSTEM INFORMATION:		
Site Address:		
<i>Distance to: (from sewage system)</i>		
Front Property Line:	Water Line:	Neighbor's House:
Rear Property Line:	House:	Neighbor's Well:
Side Property Line:	Well:	Lake / River / Stream:
Number of Bedrooms:	Number of Bathrooms:	

OWNER AND AGENT/APPLICANT INFORMATION:	
Owner of Property:	Cell Phone:
Owner Mailing Address:	Residence Phone:
Agent/Applicant Name:	Agent/Applicant Phone:
Agent/Applicant Mailing Address:	Email:
Builder Name (if different than Agent/Applicant):	Builder Phone:
Percolation or Soil Morphology Report conducted by: _____ Date: _____	

ATTACHMENTS:
1. Attach a scaled drawing of the lot showing all improvements and location of the sewage system.
2. Attach a copy of the percolation test

ACKNOWLEDGEMENT:
<p>I / we state that we have the authority to initiate and process this application and that we are the primary contact for all information relating to this application. I / we acknowledge that this application cannot be processed unless and until all required information is submitted, including proof of ownership the appropriate fee. I / we certify that the foregoing information is true and accurate to the best of our knowledge. I / we acknowledge that the Lafayette County Planning and Economic Development Commission, Board of Zoning Adjustment and/or County Commission shall have authority to impose such conditions as it deems necessary in order to protect the public health, safety, and general welfare.</p> <p>Be further advised that any approval of any individual system by the Planning Administrator does not hold him or any other public agency responsible in the event of its failure. Full acknowledgment is made that the Zoning Administrator is directed by law to seal or padlock the system herein applied for in the event of system failure and absence of correctional on the part of the owner in addition to a fine to be prescribed by his office in accordance with the law. THE ENTIRE BURDEN OF CONSTRUCTION, INSPECTION AND MAINTENANCE OF ANY AND ALL SYSTEMS SHALL NEVER BECOME A BURDEN OR OBLIGATION OF THE GENERAL PUBLIC.</p>
Signature: _____ Date: _____

FOR OFFICE USE ONLY:					
Section:		Township:		Range:	
Septic Tank:			Secondary Treatment:		
Liquid Capacity: (gallons)			# of Lines:		
Dimensions:			Trench / Bed:		
Length	Width	Depth	Length	Width	
Construction Materials:			Lagoon Size:		
Access Openings:			Alternative System:		
Inlet & Outlet Arrangement:					
Application Received By:			Title:		Date:
Fee: \$275	Late Fee:	Total Fee:	Receipt #:		
Application or Case #:			Permit #:		
Permit Issued By:			Title:		Date: