



Application for Well/Septic Services or Permit

Type of Service Requested:					Application #		
☐ Water Table Test		☐ Percolation Test		☐ Sand Mound Test			
☐ Ini	tial Plan Review	☐ Minor Plan Revie	Minor Plan Review/Revision		vironmental Health S	urvey	
Туре	of Permit Requeste	ed <i>:</i>			Application #		
☐ Ne	ew Septic System Permit	☐ Repair Sep	otic System I	Permit	☐ Well Permit		
	Construct a Septic Sy	stem to ser	ve 🗌 Ne	w \Box	Existing building.		
	Construct a Well Wate	er Supply to se	rve 🗌 Ne	w 🗆	Existing building.		
	Construct a Geotherm	nal Well System to ser	ve 🗌 Ne	w 🗌	Existing building.		
	Other			w 🗆	Existing building.		
Loca	ation of Work:						
	se as a dwelling contain	ing bedroom(s	s), or for use	as			
Addre	ess		City		State	Zip	
Lot	Block	Subdivision Name (if app	olicable)				
Appl	licant Information:	E-mai	I				
Name of Property Owner							
	ess						
Cont	tact Information:	E-mai	I				
Conta	ict Person (if other than applic	eant)			Phone #		
Addre	ess		City		State	Zip	
		TO RE D	EAD BY APP	LICANT			
this ap	are and affirm, under penal pplication are correct. I de owner. By signature on th rty as necessary as directly	ty of perjury, that to the clare that I am the owner is application, I hereby g	best of my kno of the proper rant DPS Well	owledge, ty or duly and Sept	authorized to make th	is application on behalf	
Print N	Name	Applic	ant's Signatu	re		Date	