



ON-SITE SEWAGE DISPOSAL SYSTEM SITE SURVEY

I. General Information

Property Owner: _____

Mailing Address: _____

Property Location: _____

Date Application Received: _____

Fee Paid: ☐ Yes ☐ No ☐ N/A

Subdivision: ☐ Approved, Name & Number: _____ ☐ Not Approved ☐ N/A

Facility To Be Served: ☐ Residence, Number Of Bedrooms: _____

☐ Other: _____, Design Flow/Day: _____ Gallons

Facility Is: ☐ Proposed ☐ Under Construction ☐ Existing

Survey For: ☐ Complete System ☐ Septic Tank ☐ Field System ☐ Letter Of Acceptance

Tax Map Name: _____ Tax Map Number: _____ Parcel Number: _____

Certified installer number: _____ Class: ☐ I ☐ II

II. Field Disposal Area

Area Available: _____ Square Feet. ☐ Level ☐ Sloping

If Sloping: ☐ 0 – 15% ☐ 15 – 25% ☐ Exceeds 25%

Six Foot Hole: ☐ Satisfactory ☐ Unsatisfactory, _____

Reported Perc Test: _____ Minutes Per Inch, ☐ Approved ☐ Unapproved

Concerns/Notes:

III. Site Status

This Site Is ☐ Approved ☐ Acceptable (no permit issued at this time) ☐ NOT APPROVED

IV. Action

☐ Permit Will Be Issued ☐ Formal Denial Will Be Sent ☐ Application To Be Held:

Date Evaluated:

Sanitarian: _____