



# PRIVATE SEWAGE DISPOSAL SYSTEM NEW CONSTRUCTION PERMIT APPLICATION

APPLICANT INFORMATION						
Title Holder:				Phone:		
Mailing Address:						
City:			State:		Zip Code:	
BUILDING INFORMATION						
Site Address:						
City:			State:		Zip Code:	
Legal Description:	¼	¼	¼ Section	Township	N Range	W
Township:		Subdivision:		Lot #:	Lot Size (ac):	
<b>Building Type:</b> <input type="checkbox"/> Single-Family Dwelling Number of bedrooms: <input type="checkbox"/> Industrial/Commercial Number of employees: Floor area: Number of customers per day:						
<input type="checkbox"/> Multiple-Family Dwelling Number of dwelling units: Number of bedrooms per unit: <input type="checkbox"/> Multiple Single-Family Dwellings Number of dwellings: Number of bedrooms per dwelling:						
ADDITIONAL REQUIREMENTS						
<p>I certify that, to the best of my knowledge, the information submitted with this application is correct and that all proposed work will be completed in accordance with Buchanan County regulations before facilities are put into operation. Buchanan County Environmental Health &amp; Zoning may require access to the property for the purpose of inspecting and monitoring the system. It is understood that the Buchanan County Board of Health may require connection to public sewer when one becomes available.</p>						
<p>A percolation test must be completed according to regulations by an authorized installer or professional engineer at a depth determined during the site/soils evaluation. Results will be valid for 90 days after completion if the area tested is not modified in any way during that time period. The percolation test results, site map, and the \$175 permitting fee must be submitted with this document prior to the issuance of your permit.</p>						
<p>The New Construction Permit will be valid for one year after its approval date. A final inspection after installation must be conducted by Buchanan County Environmental Health &amp; Zoning prior to covering the system. Contact the department at least 8 working hours (8:00 AM – 4:30 PM Monday – Friday) in advance to schedule a final inspection.</p>						
Applicant (or Applicant's Agent) Signature:					Date:	
Approved by (Board of Health Representative):					Date:	