



**INNOVATIVE ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM REVIEW INFORMATION FORM**

TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT

CONSTRUCTION PERMIT APPLICATION NUMBER: _____

Property Owner: _____
(Last, First, M.I. or Business Name)

Property Address: _____
(Physical Location or Street Location)

Mailing Address: _____
(Street Address or P.O. Box)

Owner's Agent: _____

Mailing Address: _____
(Last, First, M.I. or Business Name)

(Street Address or P.O. Box)

(City) (State) (Zip)

**PROVIDE THE FOLLOWING INFORMATION FROM SITE EVALUATION AND
PROPOSED CONSTRUCTION PERMIT AND ATTACH A COPY OF THE SITE PLAN:**

Septic tank(s): _____ gal. Public water supply:..... Y / N

Estimated sewage flow: _____ gpd Dosing tank(s): _____ gal.

Aerobic treatment Unit(s): _____ Lot size: _____ sq.ft.

DESCRIPTION OF INNOVATIVE SYSTEM AND COMPONENTS:

FOR STATE HEALTH OFFICE REVIEW ONLY

Date received: _____ Review form complete:..... Y / N

Additional information requested: Y / N Date: _____

Brief explanation of information requested: _____

Application: Approve Disapprove Reason: _____

Reviewed by: _____

Site Number _____ of _____ approved sites. Date: _____