APPLICATION
COMMERCIAL ON-SITE SEWAGE DISPOSAL SYSTEM
DECATUR COUNTY HEALTH DEPARTMENT

NEW_____ REPLACEMENT_____

REPAIR_____ EXPANSION_____

ALL INFORMATION REQUESTED ON SUPPLEMENTAL PAGES (IF INCLUDED) MUST BE COMPLETED OR THE APPLICATION WILL BE RETURNED

APPLICANT NAME_____

CURRENT ADDRESS_____

DAY PHONE_____ CELL PHONE _____

CURRENT PROPERTY OWNER NAME_____

ADDRESS_____

DAY PHONE_____ CELL PHONE_____

IF SOMEONE WILL ACT AS YOUR AGENT, THEIR NAME_____

ADDRESS_____

DAY PHONE_____ CELL PHONE_____

PARCEL TAX ID#_____

LOCATION ADDRESS OR DESCRIPTION _____

_____

TOTAL NUMBER OF ACRES OF PROPERTY _____

SIZE AND TYPE OF TANK _____

SIZE AND TYPE OF DISPOSAL FIELD _____

OTHER SYSTEM INFO _____

_____

SEPTIC INSTALLER NAME _____

HOME PHONE_____ DAY PHONE_____