



Sewage Treatment System Permit Administrative Summary

Owner Mailing Address (if different from Property Address)

Street

City

State

Zip

Phone Number

Email

of Bedrooms: _____ X 120= _____ Gallons per day **OR** Small Flow: _____ Gallons Per Day

Office Use Only:

Permit # _____ Operating Permit #: _____

Inspection Date(s): _____

Compliant: Please indicate below the compliance of the following items. An item that is not in compliance will require a reinspection for approval of the system.
Yes No N/A

Cleanout(s): _____

Piping: _____

Tank: _____

Type: _____ Septic / Aeration Size: _____ Brand: _____

Lift Station: _____

Size: _____ Brand: _____

Distribution Device: _____

Soil Absorption: _____

Type: _____ Dimensions: _____

Drainage: _____

Alarms/Control Panels: _____

Isolation Distances: _____

Yes No N/A

As-built received: _____

Reinspection needed: _____

Reinspection Fee Paid: _____

Installation Comments: _____

System Approval: