

**LINCOLN COUNTY ENVIRONMENTAL HEALTH
ON-SITE SEWAGE DISPOSAL PERMIT APPLICATION**

Applicant Name _____ Phone _____

Property Owner Name _____ Phone _____

Mailing Address _____
(Property Owners) _____ City _____ State _____ Zip _____

Property Address _____
_____ City _____ State _____ Zip _____

Legal Description _____ Section ____ Township ____ Range ____
(Subdivision, Short Plat, Development – Block, Lot, Etc)

Assessors Parcel Number _____ Parcel Size _____

- | | |
|---|--|
| Type of System: <input type="checkbox"/> New Installation | Type of Structure: <input type="checkbox"/> Residential |
| <input type="checkbox"/> Repair/Replacement | <input type="checkbox"/> Non-Residential |
| <input type="checkbox"/> Expansion | Water Supply: <input type="checkbox"/> Public Water System |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Private Well (include well log) |
| | <input type="checkbox"/> Shared Well |

Design Criteria: Number of Bedrooms _____ Other (gallons/day) _____

Are test hole ready for inspection at this time Yes No

If not, please call to schedule test hole inspection when ready.

Within boundary of public sewer utility: Yes No

A **DETAILED SITE PLAN** must be submitted on the enclosed attachment.
Provide detailed directions to the property.

Comments:

Name of Installer: _____ Phone: _____

Name of Designer: _____ Phone: _____

The Health Department is not liable for future malfunctions of this system. Applicant has the right to appeal to the Health Officer, in writing, within 30 days in accordance with section 8.33.320 of the Lincoln County Code.

This application, if not acted upon, will expire one year from the date of receipt by the Health Department.

I certify that the information provided is correct:

Applicant Signature _____ Date: _____

Application Approved _____ **Date** _____

System Approved _____ **Date** _____

Applicant's Name: _____ Parcel #: _____

Please Include All Applicable Data on Your Plot Plan

Indicate distances from proposed drainfield and septic tank locations.

- | | |
|--|---|
| <input type="checkbox"/> Wells and suction lines (include neighbors' wells) | <input type="checkbox"/> Footing and curtain drains |
| <input type="checkbox"/> Water source and supply lines | <input type="checkbox"/> Driveway and parking areas |
| <input type="checkbox"/> Surface waters (ponds, streams, etc.) | <input type="checkbox"/> Existing on-site sewage system |
| <input type="checkbox"/> Abandoned wells | <input type="checkbox"/> Dimensional drawing of all components of proposed on-site sewage system |
| <input type="checkbox"/> Out crops of bedrock | <input type="checkbox"/> Reserve area for replacement system |
| <input type="checkbox"/> Buildings | <input type="checkbox"/> Place a "Δ" over your location of each test hole |
| <input type="checkbox"/> Underground utilities | <input type="checkbox"/> Arrow indicating North |
| <input type="checkbox"/> Indicate slope of your property | |
| <input type="checkbox"/> Property lines and easements | |