



Existing Sewage System Inquiry Form

Please complete the following information as accurately as possible. The information indicated on this form will help us complete your existing septic application, which is needed to complete your building permit application.

Indicate Type: Septic Tank/Leaching Bed Holding Tank Other _____

Do you possess records respecting your existing sewage disposal system?

Yes If yes, please attach copies of the records or provide permit number _____

No If no, please state year that:

- a) sewage system installed: _____
- b) premises built: _____
- c) owner of property when system installed: _____

Please indicate the following information:

Existing Square Footage of Main Dwelling	
Existing # of Bedrooms	
Existing # of Toilets	
Existing # of Bathtubs and/or Showers	
Existing # of Kitchen Sinks	
Existing # of Washbasins	
Existing # of Dishwashers	
Existing # of Clothes Washers	
Existing # of Laundry Tubs	
Existing # of Garage/Outbuildings	
Other	