

SEWAGE SITE VISIT

Date: _____ Sanitarian: _____

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-Mail: _____

Mailing Address: _____

Site Address: _____

Directions:

Is this a new subdivision? YES NO

If YES, please provide the name. _____

Is this a development? YES NO

Number of Bedrooms: _____ Acreage: _____

Water Supply: () PUBLIC () PRIVATE () WELL

Proposed Use: ____ NEW ____ REPLACEMENT ____ EXISTING SYSTEM

Residential: () HOUSE () MOBILE HOME () CAMP () COMMERCIAL
 () RESTAURANT () GRO/CONVENIENCE () OTHER

****Owner must provide a legal description**