

RESIDENTIAL ONSITE SEPTIC SYSTEMS
RUSH COUNTY HEALTH DEPARTMENT

COMPLETE AND RETURN THIS APPLICATION

New Home _____
Replacement _____
Repair _____
Receipt # _____

Permit# _____
Date Issued _____
Expires _____
Application # _____
Date Issued _____

All Information Requested Must Be Complete or Application Will Be Returned

Date: _____

APPLICANT'S NAME: _____

Current Address _____

State _____ Zip _____ Home Phone _____ Work Phone _____

CURRENT PROPERTY OWNER NAME: _____

Address _____

State _____ Zip _____ Home Phone _____ Work Phone _____

IF SOMEONE WILL ACT AS YOUR AGENT, HIS OR HER NAME: _____

Address _____

State _____ Zip _____ Home Phone _____ Work Phone _____

ADDRESS OF SITE IF REPAIR, REPLACEMENT, OR EXPANSION OF SEPTIC

GIVE EXACT DIRECTIONS FROM two INTERSECTING ROADS

BUILDING TYPE: HOUSE _____ MODULAR _____ MOBILE _____

BEDROOM# _____ BEDROOM EQUIVALENTS _____

GARBAGE DISPOSAL _____ GEOTHERMAL WELL _____

JETTED TUB _____

WATER SUPPLY: WELL _____ OR CITY _____ TOTAL ACRES OF PROPERTY _____

SEPTIC CONTRACTOR'S NAME: _____

ADDRESS: _____ STATE _____ ZIP _____

TELEPHONE: _____ CELL: _____