



# EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):

- Septic tank     Disposal Trenches     Capping Fill     Sandfilter     Seepage Bed-     Cesspool or Pit  
 UNKNOWN     Other (Describe): \_\_\_\_\_

2. When was your septic system installed (date)? \_\_\_\_\_ Permit Number ? \_\_\_\_\_

3. Who was the installer? \_\_\_\_\_

4. Tank material:  Concrete     Steel     Plastic or fiberglass     Unknown

5. Septic tank volume (in gallons): \_\_\_\_\_

6. When was the septic tank last pumped: \_\_\_\_\_ *Attach receipts if available*

7. Number of disposal trenches: \_\_\_\_\_

8. Total length of disposal trenches (in feet): \_\_\_\_\_

9. Do you propose to use the existing septic system:  Yes     No

10. Is your septic system currently in use:  Yes     No    IF no, date of last use: \_\_\_\_\_

11. If the septic system currently serves a dwelling:

How many bedrooms are in the dwelling: \_\_\_\_\_ How many people occupy the dwelling: \_\_\_\_\_

12. How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_

13. If the septic system serves a BUSINESS:

How many employees are there: \_\_\_\_\_

Type of Business: \_\_\_\_\_

14. Is there a proposed change of use of your structures (home or business)?  Yes     No

If yes, please explain: \_\_\_\_\_

15. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank, disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

**By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of Property Owner or Legally Authorized Representative

\_\_\_\_\_  
Date

**County Use Only:** Record of existing system: Yes    No    Attached    Date Issued \_\_\_\_\_    Permit #: \_\_\_\_\_

Certificate of Satisfactory Completion Issued: Yes    No    Initials: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_