



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Septic Application

Permit must be issued **before** any construction, expansion, or repair begins.

Date of Application _____

Parcel # _____

Applicant _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Property Owner _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Installer Name _____ Phone _____

Location of Property *(attach a copy of plat map)*

Township _____

Property Mailing Address _____

Directions to Property from Attica _____

On-Site Soil Evaluator Name _____

(attach report including slope, drainage, topographic conditions and all soil characteristics)

Source of Water Supply _____

Total Number of Bedrooms or bedroom equivalents _____

Repair _____ Expansion _____ New Construction _____

Approved _____ Denied _____ Permit # _____

State the following reason(s) for denial below. Applicant has the right to an appeal with the health department:

Attach the final inspection form including drawings of the entire system and related structures upon completion of the septic installation.