



**INNOVATIVE ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM REVIEW INFORMATION FORM**

**TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT**

CONSTRUCTION PERMIT APPLICATION NUMBER: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
(Last, First, M.I. or Business Name)

Property Address: \_\_\_\_\_  
(Physical Location or Street Location)

Mailing Address: \_\_\_\_\_  
(Street Address or P.O. Box)

Owner's Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Last, First, M.I. or Business Name)

\_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

**PROVIDE THE FOLLOWING INFORMATION FROM SITE EVALUATION AND  
PROPOSED CONSTRUCTION PERMIT AND ATTACH A COPY OF THE SITE PLAN:**

Septic tank(s): \_\_\_\_\_ gal. Public water supply:..... Y / N

Estimated sewage flow: \_\_\_\_\_ gpd Dosing tank(s): \_\_\_\_\_ gal.

Aerobic treatment Unit(s): \_\_\_\_\_ Lot size: \_\_\_\_\_ sq.ft.

**DESCRIPTION OF INNOVATIVE SYSTEM AND COMPONENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR STATE HEALTH OFFICE REVIEW ONLY**

Date received: \_\_\_\_\_ Review form complete:..... Y / N

Additional information requested: ..... Y / N Date: \_\_\_\_\_

Brief explanation of information requested: \_\_\_\_\_

Application:  Approve  Disapprove Reason: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Site Number \_\_\_\_\_ of \_\_\_\_\_ approved sites. Date: \_\_\_\_\_