Jackson County Department of Public Health Environmental Health - (828) 587-8250 Application for Environmental Health Services

OWNER/CO)NTA	ACT I	NFORMATION									
Property Own	ner:							Phone	/Cell:			
Mailing Address:		Street	Cit		State	Zip	_ Email:					
APPLICAN	ΓΙΝ	FORN		Cit	<u>, </u>	Diace	Zip					
Applicant Name:							Phone	/Cell:				
Mailing Address:			Street		ity	State	- Zin	_ Email:	Email:			
PROPERTY	INF	ORM			ity	State	Zip					
911 Address:	11.11	OIUI										
Subdivision:							Sectio	n:	Lot:			
Parcel #:							Acres					
Directions To I	Prope	rty:										
SITE CHAR	ACT	ERIS	TICS									
			he JCDPH upon submitt	al of this	applica	tion if a	any of t	he following	apply to the pro	operty/site. If the		
			questions, mark on the si									
□Yes □No	Doe	s the si	ite contain existing waste	water sy	stems?			Existing S	Existing Structure on Site: Yes No			
□Yes □No	Are	there a	any Easements or Right o	f Ways o	on the pr	operty	?	If yes, des	scribe:			
□Yes □No	Are	there a	ny wells or springs on th	e proper	ty?							
□Yes □No	Doe	s the si	ite contain surface water	or design	nated we	tlands?	•					
□Yes □No	Doe	s the si	ite contain chemical or po	etroleum	storage	tanks?						
			ite have a landfill or wast	_				Existing V	Existing Water Supply: □ Spring			
			ite contain underground					□Shared	☐ Shared Well ☐ Public Water Supply			
\square Yes \square No			tewater going to be gener	ated on t	the site of	other th	an	□Commu	ınity Well □Si	ingle Family Well		
	don	nestic s	ewage?									
ON CITE W	ACT								OTHED CE	DVICE		
ON-SITE W	AST		TER SYSTEM						OTHER SE			
			TER SYSTEM ☐ Improvement Permit		CA)/One	aration	Downit		☐ Engineere	ed Option Permit		
Applying			FER SYSTEM ☐ Improvement Permit ☐ Construction Author	ization (obtain a	☐ Engineere	ed Option Permit on (SL 2018-114)		
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IF THE INFORMATION IN THE APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN A PERMIT MAY BECOME INVALID. Onsite wastewater permits are valid for five (5) years from the date the Improvement Permit is issued. Well permits are valid for five (5) years from the date issued. Applicant must notify Environmental Health of any identified wetlands, of any wastewater generated other than domestic sewage, or whether site is subject to approval by any other public agency.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site

evaluation can be performed. I have read, or Checklist and Environmental Health Gener		erstand t	the Wastew	ater and Wel	l Application		
Property Owner or Owner's Legal Representative Sig (Must provide documentation to support claim as owner's			Date				
LEGAL REPRESENTATIVE DESIGNADATE:	ATION ON-SITE	WAST	EWATER	AND PRIVA	ATE WELL		
r	hanahyi anant						
Owner's Name (Print) Permission to act as my legal representative Health, an Improvement Permit and/or Conat:			ing, from J		nty Environment		
Address			Parcel #				
Subdivision		Lot #		Section #			
Owner's Signature (Required) Legal Representative's Signature (Required)		Date Date		Telephone			
				 Telephone			
Logal Representative 3 Signature (Required	<i>•</i>)	D		Tele	phone		
Office Use Only: Date Received: Received by:							