HAMILTON COUNTY DIVISION OF GROUNDWATER PROTECTION

Application for Use of Existing Septic System

APPLICANT

	COMPLETE QUESTIONS:		FEES DUE
1.	SERVICE REQUESTED:		
	Existing Tank	2, 3, 4, 7, 8, 9	\$ 100 per site
2.	APPLICANT		
	Name:		
	Address:	phone #	
	City, State, Zip:	Fax #:	
	E mail:		
3.	ADDRESS OF PROPERTY:		
4.	Adding: Garage Pool above ground Living Space not including a bedroom Bedroom If a bedroom is being a modify their existing s	of new homein ground	may be required to , so that it meets the
<mark>7.</mark>	MAKE A ROUGH SKETCH ON BACK OF THIS PAGE SHO NEW ADDITION, AND ALL EXISTING DRIVEWAYS, DEC		
8.	ALL FEES ARE DUE IN ADVANCE. Make check payable to: Hamilton County Trustee		
9.	I certify that the above information is true and correct to the best of my knowledge, and that <u>I have been authorized</u> to submit this Application to the Division of Groundwater Protection.		
DA	ATE: SIGNATURE AMOUN	VT PAID	RECEIPT #