



JEFFERSON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM (SSDS) PERMIT

APPLICANT NAME: _____

CURRENT MAILING ADDRESS: _____

TELEPHONE # : _____ CELL # _____

SUBDIVISION OR PROPERTY NAME: _____

LOT #: _____ MAP#: _____ PARCEL#: _____

911 ADDRESS FOR PROPERTY:(If known) _____

DIRECTIONS _____

SIZE OF LOT: _____ # OF BEDROOMS: _____ HOUSE SITE STAKED?: _____

BASEMENT: YES ___ NO ___ BASEMENT PLUMBING: _____ GRASS MOWED: _____

WATER SUPPLY: UTILITY _____ WELL _____ SPRING _____

**• NOTE: If grass not mowed
or House not staked a
\$50.00 trip fee will be
applied.**

*DRAW A DIAGRAM OF LOT LOCATION WITH STRUCTURE AND DRIVEWAY
ON BACK OF THE WHITE COPY OF THIS APPLICATION OR ON THE SURVEY MAP.*

NOTES (LIST INTENTIONS FOR FUTURE ADDITIONAL STRUCTURE(S), POOL(S), ETC.: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

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**TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT
IF A PERMIT IS NOT ISSUED WITHIN 6 MONTHS, CUSTOMER MUST RE-APPLY.**

**RETAIN YELLOW COPY
FOR ELECTRICAL INSPECTION**

DATE FEES PAID: _____

AMOUNT PAID _____

RECEIPT#: _____