

# Jefferson County On-Site Sewage Program

## Operator's Permit Application

Date: \_\_\_\_\_

Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Permit # \_\_\_\_\_

Address or Location \_\_\_\_\_

Subd.: \_\_\_\_\_ Lot: \_\_\_\_\_ Blk: \_\_\_\_\_ Tract : \_\_\_\_\_

Section or Survey: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Deed Book #: \_\_\_\_\_ Page #: \_\_\_\_\_ Or Document #: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

Date Installed \_\_\_\_\_

Installer \_\_\_\_\_ License # \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Design Engineer \_\_\_\_\_ License # \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Previous / CMP provider \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Soil Evaluator \_\_\_\_\_ License # \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Expiration date: \_\_\_\_\_

This operator's permit shall be issued for a period of two (2) years. The operator's permit shall be renewed every consecutive two (2) year period by the owner of the on-site sewage treatment system. In order to renew an operator's permit, the owner shall submit approved documentation from a Certified Maintenance Provider verifying maintenance compliance.

Signature of home owner \_\_\_\_\_