



South Central Public Health District

Prevent. Promote. Protect.

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

OWNER/APPLICANT NAME:	LEGAL DESCRIPTION: T R S Q SEC	PARCEL #: RP
MAILING ADDRESS:		QUARTER SECTION:
CITY/STATE/ZIP:	SUBJECT PROPERTY STREET/GRID ADDRESS:	
SEND RESULTS TO:	CITY/STATE/ZIP:	
MAILING ADDRESS:	SUBDIVISION:	LOT: BLOCK:
CITY/STATE/ZIP:	LOT SIZE:	
PHONE:	FAX/CELL:	

I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate. **NOTE: This survey in no way guarantees trouble-free operation of the subsurface sewage disposal system.**

Signature:

Date:

Fee (Non-refundable or transferable)
\$

Receipt #

Received By:

Date:

Test Hole Information

Site Diagram

T/H # Depth Soil Profile

COMMENTS:

REHS SIGNATURE: _____

DATE: _____

COUNTY: _____

REHS# _____