



EVALUATION OF EXISTING SEWAGE SYSTEM TIME OF TRANSFER (SALE) APPLICATION

STAFF USE ONLY	DATE STAMP
<h1 style="font-size: 48px; margin: 0;">LABEL</h1> <p style="margin: 10px 0 0 0;">PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
	Intake by: _____

Resubmission to receive an updated report? Yes

Applicant Information:
 Applicant Name: _____
 Applicant Mailing Address: _____
 City _____ State _____ Zip _____ Applicant Phone Number: _____

Site Information:
 Tax Parcel #: _____ (11 digit number)
 Property Address: _____ City _____ State _____ Zip _____
 Legal Owner: _____
 Type of Structure: Single Family Multi-Family # of Units _____ Commercial Food Service
 Number of Bedrooms in the residence: _____

System Information
 Year Septic System Installed: _____
 Do all plumbing fixtures, including laundry drain, go to the septic system? Yes No
 Have any repairs, alterations or modifications been done to the septic system? Yes No
 If yes, what were the modifications and date work completed: _____

Encroachments onto septic system components (i.e. structures, driveway, etc.) need to be noted on inspection report.

Required Information:
 Onsite Sewage System Inspection Report: Filed Electronically with ONLine RME
 Tank Pumping Report: Filed Electronically with ONLine RME
 Onsite Sewage System Sketch: Attached (Include sketch prepared by pumper only if record drawing not found on the permit archive database.)

Distribution Information: (choose one)
 Email Address _____
 Fax To (Name) _____ At Fax # _____
 To Pick Up Call (Name) _____ At Phone # _____
 Mail to Applicant Address _____

Signature: _____ Date: _____