



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;">PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	<p>Intake by: _____</p>

(To Be Completed By Applicant)

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: _____

System Information

Type of Structure: Single Family Multi-Family # of Units _____ Commercial Food Service

Number of Bedrooms: _____ 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:

Required Information:

Time of Transfer (Sale) Inspection Report: Attached Filed Electronically with ONLine RME

Septic Tank Pump / Service Report: Attached Filed Electronically with ONLine RME

Sewage System Sketch: Attached

Distribution Information: (choose one)

Email Address _____

Fax To (Name) _____ At Fax # _____

To Pickup Call (Name) _____ At Phone # _____

Mail to Applicant Address _____

Signature: _____ Date: _____