



TIME OF TRANSFER APPLICATION

Evaluation of Existing Septic System

STAFF USE ONLY	DATE STAMP
<p>STAFF USE ONLY</p> <p>LABEL</p> <p>NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	

Resubmission to receive an updated report? Yes No | Resubmission must be within twelve months of last issue date

Applicant Information:

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

Site Information:

Tax Parcel Number: _____
 Property Address: _____ City: _____ State: _____ Zip: _____
 Legal Owner: _____ Phone Number: _____
 Type of Structure: Single-Family Multi-Family: # of Units _____ Commercial Food Service Institutional
 Number of bedrooms within the residence: _____

Septic System Information:

Was the system installed within the last twelve months? Yes No
 Do all plumbing fixtures, including laundry drain, go to the septic system? Yes No
 Are there any other structures connected to the septic system? Yes No | If yes, identify the structure(s): _____
 Are there additional septic systems located on the property? Yes No | If yes, a separate application must be submitted for each system

Required Documentation from Septic System Professional:

Septic System Inspection Report filed electronically with Online RME Yes No
 Septic Tank Pumping Report filed electronically with Online RME Yes No
 Pumper Sketch of Septic System Attached Yes No - Record drawing found in permit archive database

If a record drawing cannot be found in the permit archive database, the pumper must prepare a sketch of the system at the time of inspection. The sketch must accompany the Time of Transfer Application for review. Encroachments onto septic system components (i.e. structures, driveway, etc.) must be noted on the inspection report and on the sketch.

Report Distribution Information:

Email: _____
 Call for Pick Up: _____ Mail to Applicant Address

I certify that the information on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

All fields must be completed. An incomplete application will not be accepted for processing.