



**USE PERMIT APPLICATION
FOR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS)**

IMPORTANT NOTE: All items listed below MUST be completed and submitted at the same time:

- Tri-County Health Department Use Permit Application form AND Application fee.
- Tri-County Health Department Inspection Report completed by a CERTIFIED inspector (an inspection report completed by an uncertified inspector will NOT be accepted). If multiple ISDS systems serve the property, then a separate inspection report for each ISDS system must be completed.
- Copy of the most recent septic tank pumper’s receipt (if available).
- If the ISDS system needs to be repaired then a Minor or Major Repair Permit Fee may be applicable.

Completion of All Fields is Required

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Applicant Phone: _____ Email: _____

Name of Property Owner: _____

Owner Phone: _____ Email: _____

Address of property for which Use Permit is requested:

City: _____ State: _____ Zip: _____

Legal Description of property: _____

Number of Bedrooms (existing): _____

Is more than one building connected to the one ISDS system? Yes _____ No _____

Are multiple ISDS serving the property? Yes _____ No _____ *If yes, a separate inspection form will need to be completed for each ISDS.*

Reason for Use Permit (Check One): Sale: _____ Bedrooms Added: _____ (# Added _____)
Change in Use: _____ Addition of Mobile Home: _____ Other (explain): _____

Use Permit Inspector

Name: _____ Phone: _____ Email: _____

National Association of Wastewater Transporters (NAWT) (or other approved) Certification

Number: _____ If Other, certifying entity: _____



For Tri-County Health Department Use Only:

Use Permit # _____

Was system originally permitted and approved by TCHD? Yes _____ No _____

Original certification approval date (if applicable): _____

Pump receipt received? Yes _____ No _____

Name of Use Permit inspector: _____

Were deficiencies noted on Inspection Report? Yes _____ No _____

If yes, were deficiencies repaired? Yes _____ No _____

If yes, do repairs require a repair permit? Yes _____ No _____

If yes, indicate type of repair permit: Major _____ Minor _____

If yes, Systems Contractor who completed repairs: _____

Does system meet set back requirements? Yes _____ No _____ Unknown _____

Follow-up Inspection by TCHD? Yes _____ No _____

If follow-up, are additional repair(s) necessary? Yes _____ No _____

Number of Bedrooms: _____

Comments:

Use Permit Issued? Yes _____ No _____

Conditional Use Permit Issued? Yes _____ No _____

If yes to a Conditional Use Permit, then the applicant needs to complete "Agreement to Repair" form.

Issued by EHS: _____ ID#: _____

Date of Issuance: _____