

**JUNEAU COUNTY
SANITARY RE-CONNECT PERMIT APPLICATION**

Attach complete plans for the system, on paper not less than 8 1/2 x 11 inches in size

Permit # _____

Sanitary Permit previously issued. Permit # _____ Date Issued _____

Previous owner (if applicable) _____

Property owner Name			Property Location				
Property Owner's Mailing Address			1/4		1/4, S	T, N, R	E
City, State		Zip Code	Ph #	Subd. Name or CSM #			
TYPE OF BUILDING: (check one) <input type="checkbox"/> State Owned <input type="checkbox"/> Public <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____			Town of				
BUILDING USE: _____			Tax Parcel #				

TYPE OF SYSTEM (check only one)

Non- Pressurized Distribution
 Pressurized Distribution
 Other

Seepage Bed
 Mound
 Holding Tank
 Seepage Trench
 In-Ground-Pressure
 Specify Type
 Seepage Pit
 Tank replacement
 System-In-Fill

ABSORPTION SYSTEM INFORMATION:											
Gallons Per Day	Absorp. Area Required (sq.ft.)		Absorp Area existing (sq.ft.)		Loading Rate (Gals/day/sq.ft.)	Perc Rate (Min./inch)	System Elev.		Final Grade Elevation		
TANK INFORMATION	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab concrete	Site constructed	Steel	Fiber-glass	Plastic	exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/ Siphon Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name: (print)	Plumber's Signature: (No Stamps)	MP/MPRSW No.
Phone #	Plumber's Address (Street, City, State, Zip code)	

COUNTY USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination	Sanitary Permit Fee	Date Issued	Issuing Agent Signature
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CONDITIONS/COMMENTS OF APPROVAL/ REASONS FOR DISAPPROVAL