[illegible] COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

[illegible] Kaden Jensen — 221-0122 — 1147 27 — Teton — [illegible] — 83[illegible]
Applicant — Phone # — Mailing Address — City — State — Zip Code

[illegible] Clarence Jensen
Current Property Owner — Mailing Address — City — State — Zip Code

PROPERTY INFORMATION:

[illegible] — 26
(Proposed) Subdivision Name — (Proposed) Lot # — (Proposed) Block/Section # — State Road #

Private Well — [illegible]
(Proposed) Water Supply: Public, Private Well — *Preliminary Plat Approval Date* (DEVELOPERS ONLY) — Tax Map #

Special Deviations to Property: [illegible] Exit [illegible]
Not Ready for Use at This Location
Septic Not Permitted in Wetlands
Lot Requirements of Subdivision
Ground Not Suited for Lot Development

TYPE OF FACILITY: (use check (X) or number as appropriate)

Motel ____ Mobile Home ____ Residential X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons on Shift (Commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab X Garbage Disposal ____ Heated or Spa ____

OWNERSHIP AND SIGNATURE:

I hereby make application to the Bedell County Health Department for a soil/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Bedell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Bedell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plan is amended use changes.

12-22-95 DATE [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT

12-22-95 [signature]