Applicant Name	Mailing Address	Home Phone	Work Phone
JOHN PIGMAN		7043395557	HOME
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
JOHN PIGMAN	SAME	SAME	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

_____

_____

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 2
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may mark more than one if you wish)*