

San Juan Public Health Department Septic System Permit

Owner _____
Location of Property _____
Installer _____

Residence _____ No. of Bedrooms _____ Basement _____

Permit Fee	Date Paid
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Soil Testing Information

Depth of test hole _____ Soil Description: _____

Water table	Percolation Test Results	Minutes per Inch
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Plan Information

Type of System _____
Size of Leach Field _____
Size of Septic Tank _____

Comments _____

All systems must be inspected by the Health Department before backfilling.
Please call the Blanding Public Health Office at 435-359-0038.
Thank You