

OFFICE USE ONLY

Application Complete:	Form:	Plot Plan:	Building Plan:	Information Needed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Comments/Conditions:

Soil Data Available:	Test Pits:	Perc Test:	Need Soil Data?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Comments/Conditions:

Notify Applicant: _____

Scheduled: _____

Activity:	Building Conversion:	Change in use:	Addition w/increase or flow:
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|---|------------------------------|-----------------------------|
| 1. Code complying area found? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Will proposed change result in expanding system? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

YES NO Addition with "no" increase of flow or potential repair area found that meets the following conditions:

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|---|------------------------------|-----------------------------|
| 1. Replacement area provides 50% of effective leaching area | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Replacement area provides 50% of MLSS requirement | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. No exception(s) to well separation distance is required | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. The addition does not reduce the potential repair area | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. The addition does not increase the design flow of the building | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

YES NO Accessory Structure

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| 1. Code complying area? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Potential repair area identified? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

YES NO Lot Size Reduction or Lot Line Change

- | | | |
|-------------------------|------------------------------|-----------------------------|
| 1. Code Complying area? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
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General Information

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| 1. Will this activity negatively impact existing sewage disposal system? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Will this activity negatively impact existing well(s) and/or drains? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Are separating distances okay? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Comments/Conditions:

Application Approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	By: _____	Date: _____
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Comments/Conditions:
