

**HARRISON COUNTY ENVIRONMENTAL HEALTH  
ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL**

All Blanks Must Be Completed (Use N/A if Not Applicable)

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

Professional design required:  Yes  No      If yes, is professional design attached:  Yes  No

**I. Sewer (House Drain):**

Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: \_\_\_\_\_  
(1/8 inch per foot minimum)

**II. Treatment/Pump Tank Unit:**

Septic Tank (two compartments)       Septic Tank (series)       Aerobic Unit  
 Pretreatment Tank       Pump Tank

**A. Pretreatment Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Shape: \_\_\_\_\_

**B. Secondary Treatment Unit Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**C. Pump Tank Gallons/Size:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Commercial timer required:  Yes  No

**D. Septic Tank Gallons/Size:** \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_ Manufacturer: \_\_\_\_\_

If Series Tanks:

Septic Tank(2)      **Size:** \_\_\_\_\_ Material/Shape: \_\_\_\_\_

Liquid Depth (tank bottom to outlet): \_\_\_\_\_ Manufacturer: \_\_\_\_\_

**E. OTHER (List):** \_\_\_\_\_

**III. DISPOSAL SYSTEM:**

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Pipe Sizes/Amounts: \_\_\_\_\_

Area required: \_\_\_\_\_ Area proposed: \_\_\_\_\_

\_\_\_\_\_  
DESIGNER'S SIGNATURE

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE