

DESOTO COUNTY REGIONAL UTILITY AUTHORITY

PERMIT APPLICATION (Individual)

The _____
(Insert Name of Body Making Application, i.e., Individual, Corporation, Municipality, etc.)

whose address is _____, _____, _____, _____
(Street Name and Number) (City) (State) (Zip Code)

Contact Person - _____

Phone Number - _____

E-mail - _____

herewith submits for the consideration to serve _____
(Residence, Business, Other)

located at _____
(Approximate Location i.e. Physical Address, Section-Township-Range, or Latitude/Longitude)

in or near the City of _____ and herewith make
application for the approval of this project.

Expected begin date of construction: _____

Expected finish date of construction: _____

Is on-site wastewater treatment proposed to be used?

- Yes (Proceed with questions below)
- No (Skip to Certification Statement)

Wastewater is to be collected/treated by (please ✓ one):

- Collection System
- Septic Tank with Leach Field
- Individual Aerobic Treatment Unit
- Individual Pump Station
- Advanced Treatment System
- Other: _____

Has approval from the MS Department of Health been obtained for the on-site
wastewater treatment?

- Yes (A copy of the approval document from the Health Department must be
attached to finalize application and receive permit)
- No (Application cannot be finalized until the Health Department approval
document is received)

The undersigned hereby acknowledges:

This permit application is solely used for review by the DeSoto County Regional Utility Authority and does not provide and/or give approval from the MS Department of Health, which may be required pursuant to the its rules and regulations. The applicant shall obtain any and all approvals and/or permits set forth by the MS Department of Health and any other such entity required pursuant to Mississippi law and/or regulations.

The undersigned hereby states:

“I certify under penalty of law that the information provided in this document is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations” (40 C.F.R. 403.6(a)(2)(ii)).

In the event I discover that any information submitted was inaccurate and/or incomplete, I will immediately supplement this Application with the revised accurate and/or complete information. Further, I agree to indemnify and hold harmless the DeSoto County Regional Utility Authority for any damages and/or claims related to any inaccurate and/or incomplete information that I provide.

Application submitted by:

(Signature)

(Printed Name)

(Date)

RETURN APPLICATION TO:

Email (Preferred method): judymarshall@digitdesoto.com
Mailing address: DeSoto County Regional Utility Authority
Attn: Permits
365 Losher Street, Suite, 310
Hernando, MS 38632

Other Contact Information:
Mr. Bill Austin, Executive Director
Telephone: 662-298-2296
E-mail: billaustin@digitdesoto.com

TO BE COMPLETED BY DCRUA

Application complete on: Date - _____ By - _____