

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 and Number) (City) (State) (Zip)

Contact Person _____ Phone Number _____

Herewith submits for the consideration

to serve _____
(Residence, Business, Other)

located at _____
(Approximate Location (ie. physical address, section-township-range or latitude, longitude))

in or near the City of _____,

and herewith make application for the approval of this project.

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

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

Notes: _____

Expected begin date of construction _____.

Expected finish date of construction _____.

If On-Site Wastewater Treatment is being installed,

Has Health Department Approval been obtained for On-Site Wastewater Treatment? () Yes () No

If Yes, A copy of Health Department approval document must be attached to finalize application.

If No, Application cannot be finalized until Health Department approval document is attached.

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)).

Application Submitted by

Signature: _____ Date: _____