

**Murray County Health Department
Application For Existing System Evaluation**

DATE:		NUMBER: (TO BE ASSIGNED)		
PROPERTY OWNER:		PHONE:		
OWNER'S MAILING ADDRESS:				
APPLICANT:		PHONE:		
APPLICANT'S MAILING ADDRESS:				
PAST OWNERS (OWNER WHEN SYSTEM WAS INSTALLED):				
APPROXIMATE YEAR OF INSTALLATION (OR DECADE OF INSTALLATION):				
ADDRESS OF PROPERTY WHERE SEPTIC SYSTEM IS LOCATED:				
DIRECTIONS:				
REASON FOR REQUEST:				
TYPE OF DWELLING:		# OF BEDROOMS:		LOT SIZE:
HOUSE DESIGN:	GROUND LEVEL	SPLIT LEVEL	BASEMENT	
WATER SOURCE:	WELL	PUBLIC	COMMUNITY	SPRING

SIGNATURE OF APPLICANT/OWNER: _____

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APPROVED (YES OR NO) COMMENTS: _____

SIGNATURE OF INSPECTOR _____ DATE _____