

DISTRICT HEALTH DEPARTMENT NO. 4
SITE PLAN
(Proposal)

Date _____


Onsite Sewage Permit # _____

Water Well Permit # _____

Owner Name _____

Applicant Name _____

Include: Lot dimensions, building, driveways, easements, water well, septic area and a replacement area, surface water, soil boring locations, etc.


North

Site plan accepted Site plan revised _____ Date: _____

Environmental Sanitarian