

Check Sheet Septic Applications and Modifications

New Installation _____
Modification _____

Name _____
Address _____
Phone _____

		YES	NO
1.	Completed Application	_____	_____
2.	Supplemental Information On-Site Sewer Facility Technical Information For Permit	_____	_____
3.	OSSF Soil & Site Evaluation Page 1	_____	_____
4.	OSSF Soil & Site Evaluation Page 2	_____	_____
5.	Planning and Design Criteria for OSSF Written description of system	_____	_____
6.	Spray Application Calculations	_____	_____
7.	Scaled Drawing of System	_____	_____
8.	Aerobic Affidavit Completed And filed in Franklin County	_____	_____
9.	Initial Maintenance Agreement	_____	_____
10.	Warranty Deed	_____	_____
11.	Fee Paid	_____	_____

Receipt # _____

Comments _____

Please Note : Some Items listed May not be required for Modifications

Any Questions may be directed to Designated Representative Juan Fuentes (903) 285- 2738