

WRIGHT COUNTY HEALTH DEPARTMENT ON-SITE SEWAGE PERMIT

Health Department use only

Permit number _____

Date of Application _____

Date Inspected _____ Meets Standards _____

Fee _____ Date _____ Approved By _____ EPHS # _____

Property Owner Name (Last, First): _____ Phone: _____

Site Address: _____

City: _____ Zip: _____

Directions to site: _____

System serves

Single Family: Yes or No _____ Number of Bedrooms _____

Water Supply

Public _____ Private _____ Name of Supply _____

Type Supply: Bored Well _____ Driven Well _____
Drilled Well _____ Dug Well _____ Other _____

Lot Information

Acres _____

Name of Installer

Name/Phone: _____

Address: _____

City: _____ State: _____ Zip: _____