



## INFORMATION NEEDED FOR ENVIRONMENTAL HEALTH CHANGE IN PERMIT

\*EXISTING PERMIT NUMBER: \_\_\_\_\_

\* Type of facility: a) House: Yes / No (circle one)  
Number of Bedrooms: \_\_\_\_\_  
Basement: Yes / No      Basement Plumbing: Yes / No  
b) Other (Please explain): \_\_\_\_\_  
c) Business: \_\_\_\_\_  
Number of employees: \_\_\_\_\_

\* Water Source: Public: \_\_\_\_\_ Community: \_\_\_\_\_  
Private Well: \_\_\_\_\_ Shared Well: \_\_\_\_\_  
Other: \_\_\_\_\_  
Age of Well: \_\_\_\_\_ Date Drilled if Existing: \_\_\_\_\_

\* Change that is requested (i.e. Number of bedrooms, house site change, septic location change)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### \* Applicant Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(Full Address of where you live now)

Sections marked with an asterisk (\*) are required for this request to be processed.