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.