



# West Central Health District Environmental Health

---

## Questions for Repair Permit

Location: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

1. What year was the tank installed? \_\_\_\_\_

2. When was the tank last pumped, and by whom? \_\_\_\_\_

3. Has a copy of the pump-out report been provided to this office? \_\_\_\_\_

4. Have there been any repairs to the system? If so, when? \_\_\_\_\_

5. When did the problem first occur? Please explain. \_\_\_\_\_

6. Are the toilets/drains working properly? \_\_\_\_\_

7. Is there sewage on the ground outside? \_\_\_\_\_

8. Has there recently been an increase in usage? \_\_\_\_\_

9. Is there sewage backing up into the house? \_\_\_\_\_

10. Is there a water well on the property? \_\_\_\_\_

11. If so, is the well your current source of water? \_\_\_\_\_

Return this sheet with your Permit Application.