

PROPERTY CONVEYANCE

FOR WATER SUPPLY & ONSITE SEWAGE SYSTEM

Submittal Date	Memo Number	Review Fee	S.S.I.

ADDRESS OF CONVEYING PROPERTY			
Property Address – Street, City, Zip Code:		Assessor Tax Account Number:	
APPLICANT INFORMATION			
First & Last Name	Phone Number:	E-Mail:	
Mailing Address – Street, City, State, Zip Code:			
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APPLICATION SERVICES – SELECT ALL THAT	APPLY		
Septic System Evaluation:	Water Source Evaluation:		
1 Septic System	1 or 2-party private well		
2 Septic Systems – same lot	☐ Include Bacteriological Sample by Health		
Re-Evaluation	uation Include Nitrate Sample by Health		
☐ With site visit	Samples collected by 3 rd party (must include with submittal).		
☐ Without site visit	☐ Public Water – Group B		
	☐ Public Water – Group A (not required through code)		
	Re-Evaluation		
	With a site visit (required for	r resampling)	
	☐ Without site visit		
PROPERTY DETAILS			
TOTAL BEDROOMS	WATER SOURCE/SYSTEM INFORMATION		
Water Connection 1 (Parcel with Well) / Pub	water System Name Water Connection	2 (Parcel connected to Well) / Public Water System ID #	
Are there additional wells located on the property?	Yes No		
Is the property occupied? Yes No – If not, date	e vacated:		
		cess to the septic system and/or to all 1- or	
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