

# Remediation Application

Onsite Sewage Disposal Systems

Submittal Date	Memo Number	Review Fee

BUILDING SITE ADDRESS
Street Address
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	State	Zip/Postal

REMEDIATION DETAILS
<p>Remediation Type</p> <p> <input type="checkbox"/> ADDITION           <input type="checkbox"/> REPAIR / REBUILD         </p> <p> <input type="checkbox"/> Advanced Treatment           <input type="checkbox"/> Glendon Biofilter           <input type="checkbox"/> Intermittent Sand Filter         </p> <p> <input type="checkbox"/> Curtain Drain           <input type="checkbox"/> Drip Dispersal           <input type="checkbox"/> Bottomless Sand Filter         </p> <p> <input type="checkbox"/> Mound           <input type="checkbox"/> Gravity Trenches         </p>

ONSITE SYSTEM INFORMATION		
<p>OSS Permit on file?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date of Approval: _____</p> <p>Number of Bedrooms: _____</p>	<p>Policy #10 Setbacks met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Minimum 12" of Vertical Separation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Changes to Conditions of OSS Approval?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>For Gravity Trenches, type of existing pipe:</p> <p>_____</p>

<p>For Gravity Trench Rebuild</p> <p> <input type="checkbox"/> Minimum of One Soil Log to Verify Vertical Separation?           <input checked="" type="checkbox"/> Excavation to Demonstrate Failure Diagnosis?         </p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No           <input type="checkbox"/> Yes <input type="checkbox"/> No         </p>
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DETAIL PROPOSAL

APPLICANT ACKNOWLEDGEMENT		
I certify that the information contained in this application is true and accurate to the best of my knowledge.		
Name Printed	Signature	Date

