

Operation Permit # _____



Jackson County Health Department

APPLICATION FOR HSTS OPERATION PERMIT

PROPERTY OWNER: _____

ADDRESS: _____

PARCEL #: _____

CITY: _____ ZIP CODE: _____

CONTACT PHONE #: _____ E-MAIL ADDRESS: _____

TYPE OF ON-SITE SEWAGE TREATMENT SYSTEM: _____

I agree to operate and maintain this household sewage treatment system in accordance with the required maintenance schedule for the type of sewage treatment system that

Approval of the installation signifies compliance with applicable rules. The health department assumes no responsibility for the efficient maintenance and operation of your sewage treatment system. Proper maintenance and usage in accordance with the design criteria are important to the proper functioning of the system.

HOMEOWNER'S SIGNATURE _____ DATE _____

HEALTH DEPT. USE ONLY BELOW

ISSUED ON: _____ EXPIRES: 10 Years from date of installation final inspection