

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 \_\_\_\_\_

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HEALTH DEPT. USE ONLY BELOW

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