

COUNTY USE ONLY

MASON COUNTY AUTHORIZED AGENT PROGRAM

NOTES:

APPLICATION NO.

OSSF APPLICATION FOR ON-SITE SEWAGE FACILITY CONTRUCTION

DATE

COUNTY OF INSTALLATION

AMOUNT

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)
2. CURRENT MAILING ADDRESS: _____
3. DAYTIME TELEPHONE NO.: () _____
4. 911 SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Plat Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: Acreage: _____ Survey Name: _____
Abstract Name/No.: _____
6. PHYSICAL LOCATION/ DIRECTIONS TO SITE: _____

7. SOURCE OF WATER: Private Well Public Water Supply _____
(Name of Supplier)
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area (ft²) _____
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
10. SITE EVALUATOR: _____ LICENSE NO. _____
PHONE NO.: _____
11. DESIGNER: _____ LICENSE NO. (PE or RS) _____
PHONE NO.: _____
12. INSTALLER: _____ LICENSE NO. _____
PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the designated representative(s) of the Mason County Authorized Agent & local OSSF Program to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

(SIGNATURE OF OWNER)

(DATE)