CITY OF BRADY
APPLICATION FOR ON-SITE SEWAGE FACILTY
NEW CONSTRUCTION AND/OR MODIFICATION

_____ New Installation **Application # _____**
_____ Modification **Date _____**
Amount _____

Property Owner's Name: _____
(Last) (First) (Middle)
Phone number during the day: _____
Mailing Address: _____
Site Address: _____
Legal Description: Sec. _____ Block _____ Lot _____ Date _____
Subdivision _____
Other than Subdivision: Acreage _____ Survey _____

Source of Water: _____Private Well _____Public Water Supply
_____
(Name of Supplier)
Single Family Residence: No. of Bedrooms _____Square Ft. _____
Commercial/Institutional (Including multi-family residence) _____
Type: _____
Number of Employees/Occup. /Units _____Days Occupied per Week _____

Site Evaluator: _____Certification # _____

Designer: _____License No. (PE or RS) _____
Phone No. _____

Installer _____Registration No. _____

Type of Disposal System:	**___**	**Absorptive Mount**	**___**	**Drip Irrigation**	**___**
Evapotranspiration Beds	**___**	**EZflow Systems**	**___**	**Graveless Pipe**	**___**
Leaching Chambers	**___**	**Low Pressure Dosing**	**___**	**PTI Systems**	**___**
Pumped Effluent	**___**	**Standard Trenches/Beds**	**___**	**Surface Applications**	**___**

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Brady OSSF Agent to enter upon the above-described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system.

_____ _____
Signature of Owner **Date**