



## TIME OF TRANSFER APPLICATION

### Evaluation of Existing Septic System

STAFF USE ONLY	DATE STAMP
<p><b>STAFF USE ONLY</b></p> <p><b>LABEL</b></p> <p>NOTE: ALL APPLICATIONS AND SITE PLANS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p>	

Resubmission to receive an updated report?  Yes  No | Resubmission must be within twelve months of last issue date

**Applicant Information:**

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Site Information:**

Tax Parcel Number: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Legal Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Type of Structure:  Single-Family  Multi-Family: # of Units \_\_\_\_\_  Commercial  Food Service  Institutional  
 Number of bedrooms within the residence: \_\_\_\_\_

**Septic System Information:**

Was the system installed within the last twelve months?  Yes  No  
 Do all plumbing fixtures, including laundry drain, go to the septic system?  Yes  No  
 Are there any other structures connected to the septic system?  Yes  No | If yes, identify the structure(s): \_\_\_\_\_  
 Are there additional septic systems located on the property?  Yes  No | If yes, a separate application must be submitted for each system

**Required Documentation from Septic System Professional:**

Septic System Inspection Report filed electronically with Online RME  Yes  No  
 Septic Tank Pumping Report filed electronically with Online RME  Yes  No  
 Pumper Sketch of Septic System Attached  Yes  No - Record drawing found in permit archive database

*If a record drawing cannot be found in the permit archive database, the pumper must prepare a sketch of the system at the time of inspection. The sketch must accompany the Time of Transfer Application for review. Encroachments onto septic system components (i.e. structures, driveway, etc.) must be noted on the inspection report and on the sketch.*

**Report Distribution Information:**

Email: \_\_\_\_\_  
 Call for Pick Up: \_\_\_\_\_  Mail to Applicant Address

**I certify that the information on this application is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All fields must be completed. An incomplete application will not be accepted for processing.**