

**Murray County Health Department**  
**Application For Existing System Evaluation**

DATE:	NUMBER: (TO BE ASSIGNED)		
PROPERTY OWNER:	PHONE:		
OWNER'S MAILING ADDRESS:			
APPLICANT:	PHONE:		
APPLICANT'S MAILING ADDRESS:			
PAST OWNERS (OWNER WHEN SYSTEM WAS INSTALLED):			
APPROXIMATE YEAR OF INSTALLATION (OR DECADE OF INSTALLATION):			
ADDRESS OF PROPERTY WHERE SEPTIC SYSTEM IS LOCATED:			
DIRECTIONS:			
REASON FOR REQUEST:			
TYPE OF DWELLING:	# OF BEDROOMS:	LOT SIZE:	
HOUSE DESIGN:	GROUND LEVEL	SPLIT LEVEL	BASEMENT
WATER SOURCE:	WELL	PUBLIC	COMMUNITY SPRING

SIGNATURE OF APPLICANT/OWNER: \_\_\_\_\_

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APPROVED (YES) OR (NO) COMMENTS: \_\_\_\_\_

SIGNATURE OF INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_