

**ON-SITE SEWAGE FACILITIES
PERMIT TRANSFER**

HOPKINS COUNTY

ALL BLANKS MUST BE FILLED IN BEFORE APPROVAL

New Property Owners Name: _____
(Last) (First) (Middle) (Spouse/Other)

Mailing Address: _____ / _____ / _____
(# & Street Name (or) P.O. Box #) (City) (Zip)

Telephone Number: _____ / _____ / _____
(Home) and (Work) and/or (Other)

Previous Property Owners Name: _____
(Last) (First) (Middle)

Site Address: _____ / _____ / _____
(Address Required) (911 Address) (City) (Zip)

Lot _____, Block _____, Subdivision _____, Unit # _____

Acreage _____, Survey Name _____, Abstract _____, Deed Volume _____, Page _____

Tract _____, Section _____, GEO Number: _____

Water Usage Rate "Q"(gallons per day): _____ Water saving devices: Yes No

Source of Water: Private Well Public Water Supply – Name: _____

Single Family Residence: Number of Bedrooms _____ Square Footage Living Area _____

Commercial/Institutional/Multi-Family: Type: _____

Name of Business: _____

No. of Employees/Occupants/Units: _____ Days Occupied Per Week: _____

Type System Treatment: _____

Type of System Disposal: _____

Maximum G.P.D. Flow allowed by permit: _____ Date Original Permit to Operate Issued: _____

Maintenance Management Document given to new owner: Yes

If at any time this residence should expand, this includes any modifications to the structure, system components, or changes of ownership may require a new permit. The owner must notify this office of any aforementioned changes.

(Signature of Owner)

(Date)

PERMIT TRANSFER GRANTED BY: _____

LICENSE NO.: _____ OS 0006404 DATE: _____

A COPY OF THIS APPROVED TRANSFER WILL BE MAILED TO ABOVE MAILING ADDRESS