

Helping Hands Across Alabama



Onsite Septic System Application

(PLEASE PRINT)

Name: _____

Name of spouse: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Address: _____

City: _____, AL Zip code: _____

PLEASE CHECK ONE: House _____ Mobile Home _____

How many people currently live in the home? _____

Do any disabled individuals live in the home? (Yes/No) _____ How Many? _____

COUNTY HEALTH DEPARTMENT JURISDICTION: _____

Total annual income for household: \$ _____

Do you own this home? YES _____ NO _____

If YES, how much do you owe on the home? \$ _____

If NO, who is the current property owner? _____

PLEASE LIST ANY GOVERNMENT ASSISTANCE RECEIVED:

Are you a veteran or currently serving? YES _____ NO _____

TYPE OF SYSTEM NEEDED:

System recommended by: _____

Phone Number: _____ Email Address: _____

Person requesting system signature: _____

Date: _____

ALABAMA ONSITE WASTEWATER ASSOCIATION
P.O. BOX 10
Lanett, AL 36863