

**McDonald County Health Department
Repair Permit**

1. Property Owner Name						Permit Number
2. Site Address (911/ENS)				Subdivision Name & Lot #		Fee Paid
City			State		Zip code	
1/4	1/4	Section	Township	Range		
Directions to Site						
3. Mailing Address (if different from above)				Day phone number	Night phone number	
City				State	Zip code	
4. System serves		<input type="checkbox"/> Residence		No. Bedrooms:		
<input type="checkbox"/> Business	<input type="checkbox"/> Lodging	<input type="checkbox"/> Food Service	<input type="checkbox"/> Other (specify):	Daily Sewage Flow(gpd)		

5. Installer	
Name	Phone number
All information contained in and with this application packet is true and accurate to the best of my knowledge.	
6. Signature of Owner or Representative	Date
7. Approved by:	

8. Site Layout

Describe the Repair:
