

Permit No. _____

Butler County General Health District

Amt. _____

Water Closets

Dishwasher

Drinking Fountain

Additional Fixture

Lavatory

Auto Washer

Roof Drains

Reinspection

Bath Tubs

Bar Wastes

Effluent Pump

HSTS Alteration

Showers

Floor Drains

Sewage Ejector

HSTS New or Replacement

Sinks

Laundry Sump

Oil Interceptor

Re-Inspection HSTS

Garbage Grinder

Grease Trap

Urinals

State Portion Alteration

Laundry Trays

Water Svc. (NEW)

Mop Sinks

State Portion New

Water Heater

Water Svc. (EXIST)

Backflow

Water Softener

Sewer Connect

Backwater Valve

TO SERVICE BUILDING

New ()

Old ()

Nature of Remodeling _____

Residence ()

Public Building ()

Industrial ()

Other _____

NUMBER OF FIXTURES ()

HSTS ABANDONMENT ()

1 Year HSTS ()

WATER SUPPLY: Public ()

Private ()

Type _____

SEWAGE DISPOSAL: Public ()

Private ()

Type _____

Address: _____

Owner's Name: _____ Address _____ Phone _____

Developer: _____ Address _____ Phone _____

License Professional: _____ Address _____ Phone _____

Home Owner: _____ Address _____ Phone _____