

**Mobile County Health Department
Onsite Division
Onsite Sewage Disposal System Repair Request**

Installer: _____	
Fax #: _____	Phone #: _____
Date of Request: _____	

Property Address: _____

Subdivision Name: _____

Unit/Phase #: _____ Lot #: _____

Current Owners Name: _____

List any known previous owner's names:

Original Septic/Lot Approval #: _____

Year of Construction/System Installation: _____

Name of Builder/Developer: _____

Please circle the following that apply:

Residential

Commercial

Site Built

Mobile Home

DRAWING OF REPAIR PLAN:

Comments: _____
