



INDIVIDUAL ONSITE SEWER DISPOSAL SYSTEM (IOSDS) INSPECTION REQUEST FORM

PROPERTY OWNER INFORMATION

- Property Owner's Name: _____
- Service Address: _____
- Mailing Address (if different): _____
- Preferred Contact Method:
 - ☐ Phone: _____
 - ☐ Email: _____
 - ☐ Mail

IOSDS INFORMATION

- Approximate Location of IOSDS on Property: _____
-
- Make & Model of Unit (if known): _____
 - LDH Permit Number (if available): _____
 - Capacity of Unit (GPD, if known): _____
 - _____

ACKNOWLEDGMENT & PAYMENT

By signing below, I request an inspection of my Individual Onsite Sewer Disposal System (IOSDS) by an authorized representative of the Town. I understand that an inspection fee must be paid at the time of request and that scheduling will be based on availability.

- Signature: _____
- Date: _____

Return Completed Form and Payment to:

Town of Abita Springs, Attn: Danette Jenkins
PO Box 461
72077 Live Oak Street
Abita Springs, LA 70420
(985)892-0711 x3970

FOR OFFICE USE ONLY

- Date Request Received: _____
- Payment Received: ☐ Yes ☐ No
- Inspection Scheduled for: _____
- Inspector Assigned: _____