

# DESOTO COUNTY REGIONAL UTILITY AUTHORITY

## PERMIT APPLICATION (Individual)

The \_\_\_\_\_  
(Insert Name of Body Making Application, i.e., Individual, Corporation, Municipality, etc.)

whose address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Name and Number) (City) (State) (Zip Code)

Contact Person - \_\_\_\_\_

Phone Number - \_\_\_\_\_

E-mail - \_\_\_\_\_

herewith submits for the consideration to serve \_\_\_\_\_  
(Residence, Business, Other)

located at \_\_\_\_\_  
(Approximate Location i.e. Physical Address, Section-Township-Range, or Latitude/Longitude)

in or near the City of \_\_\_\_\_ and herewith make  
application for the approval of this project.

Expected begin date of construction: \_\_\_\_\_

Expected finish date of construction: \_\_\_\_\_

Is on-site wastewater treatment proposed to be used?

- Yes (Proceed with questions below)
- No (Skip to Certification Statement)

Wastewater is to be collected/treated by (please ✓ one):

- Collection System
- Septic Tank with Leach Field
- Individual Aerobic Treatment Unit
- Individual Pump Station
- Advanced Treatment System
- Other: \_\_\_\_\_

Has approval from the MS Department of Health been obtained for the on-site  
wastewater treatment?

- Yes (A copy of the approval document from the Health Department must be  
attached to finalize application and receive permit)
- No (Application cannot be finalized until the Health Department approval  
document is received)

The undersigned hereby acknowledges:

This permit application is solely used for review by the DeSoto County Regional Utility Authority and does not provide and/or give approval from the MS Department of Health, which may be required pursuant to the its rules and regulations. The applicant shall obtain any and all approvals and/or permits set forth by the MS Department of Health and any other such entity required pursuant to Mississippi law and/or regulations.

The undersigned hereby states:

"I certify under penalty of law that the information provided in this document is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations" (40 C.F.R. 403.6(a)(2)(ii)).

In the event I discover that any information submitted was inaccurate and/or incomplete, I will immediately supplement this Application with the revised accurate and/or complete information. Further, I agree to indemnify and hold harmless the DeSoto County Regional Utility Authority for any damages and/or claims related to any inaccurate and/or incomplete information that I provide.

Application submitted by:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**RETURN APPLICATION TO:**

**Email (Preferred method): [dcruasupport@digitdesoto.com](mailto:dcruasupport@digitdesoto.com)**

**Mailing address: DeSoto County Regional Utility Authority  
Attn: Permits  
365 Losher Street, Suite, 310  
Hernando, MS 38632**

**Other Contact Information:**

**Mr. Wayne Spell, General Manager/Executive Director  
Telephone: 662-298-2296  
E-mail:wspell@digitdesoto.com**

**TO BE COMPLETED BY DCRUA**

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Application complete on: Date - \_\_\_\_\_ By - \_\_\_\_\_

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