



United Lost Lake Property Owners Association

903 Missouri Dr. Dixon, IL 61021 | 815-652-4491 | FAX: 815-652-8664 | office@discoverlostlake.org

Septic Repair OR Replacement Notification

Property Owner's Name: _____

Section _____ **Lot Number(s)** _____

Property Address: _____

Home Phone _____ **Cell Phone** _____ **Email** _____

Type of Improvement:

- REPAIR Existing System
- REPLACE Existing System

Type of Septic System: _____ **Number of Gallons:** _____ (1,500 gal. minimum)

Field Type: _____

Purpose of Improvement(s):

Home Square Footage (excluding Garage & Porches): _____

Number of Bedrooms: _____

Contractor's Name: _____ **Phone Number:** _____

Contractor's Address: _____

Contractor's License Number: _____

Property Owner's Signature

Date

.....
FOR AECC USE ONLY:

AECC Representative's Signature

Date