WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION

DATE SUBMITTED: ____________ COUNTY: ______________________ PERMIT NO.: ____________

OWNER: ___________________________________ PHONE: ______________________
ADDRESS: ________________________________________________________________
DIRECTIONS TO PROPERTY (Include road number and subdivision name):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

INSTALLER: ___________________________________ PHONE: ______________________

DIAGRAM OF SITE AND SYSTEM PROPOSED:
Legal Description __ 1/4, __ 1/4, Section ____, Township _____, Range _____
Include the following information:
1. Diagram of System Proposed
2. Underground Utilities
3. Property Lines
4. Topography
5. Set Backs
6. Easements
7. Buildings
8. % Slope.
9. Roads
10. Well

WELL: PRIVATE ________ SHARED ________ NO.# OF HOMES ________ COMMUNITY

TYPE OF SYSTEM PROPOSED:
LOT LENGTH: ______________ LOT WIDTH: ______________ NO.# OF BEDROOMS: ____________
TANK SIZE: ______________ 2nd TANK SIZE: ______________ TYPE OF LATERALS: ______________
WIDTH OF TRENCH FOR LATERALS: ____________ TOTAL LENGTH OF LATERALS: ____________
DEPTH OF TRENCH FOR LATERALS: ____________ INCHES TO RESTRICTIVE LAYER: ____________
TYPE OF GRAVEL USED IN TRENCHES: ______________ VARIANCE REQUESTED: ______________

DISCLAIMER: This permit does not guarantee the proper functioning of this sewage disposal system.
Owner's signature / date __________________________

CERTIFICATION OF PLANS: I certify that the information contained in this permit is correct, and that the
construction of this sewage disposal system will be completed in accordance with the approved plans, state laws,
and local ordinances.
Installer's signature / date __________________________

CONSTRUCTION PERMIT: The sewage disposal system described in this permit is hereby approved to begin
construction, subject to final approval prior to completion.
Environmental Public Health Specialist's signature / date __________________________

Distribution: White - Owner  Yellow - Installer  Pink - Public Health Department