

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 _____