



Onsite Wastewater Treatment System Application for Construction/Operating Permit

Owner/Authorized Representative First Name Initial Last Name

Business or Legal Entity Name (if applicable)

Owner Address City State Zip

Phone Number Email

Check here if authorized representative and include a description of the representative's authority to sign on behalf of the owner.

Professional Engineer, Master Installer or Registered Environmental Health Specialist

Print or Type

First Name Initial Last Name Certification/License Number

Company Name

Mailing Address City State Zip

Phone Number Email

Location Legal description OR Geographical coordinates to 4 decimal points

1/4 1/4 Section Township Range County Latitude Longitude

Physical address if different than owner's mailing address

System Information

Dwelling-Peak single day flow _____ gals OR Non-dwelling-Peak single day flow _____ gals

Domestic Wastewater Non-Domestic Wastewater -Description of non-domestic wastewater sources (i.e. restaurant, laundry, butcher shop, camper dump station or other) _____

New System Modification, reconstruction or alteration of existing system

Septic System Mound Holding tank Lagoon Other (if other, describe here) _____

Depth to seasonal high groundwater for planned location of the soil absorption system _____ ft.

Percolation rate _____ min/inch Maximum ground slope _____ %

I swear or affirm that the application information and documentation submitted are true, complete and accurate.

Owner/Authorized Representative Signature Date