

SEPTIC SYSTEM APPLICATION

(CONSTRUCTION OF AN INDIVIDUAL ONSITE WASTEWATER DISPOSAL SYSTEM)

Please complete the application in full, incomplete applications will be rejected

Contact Name: _____ Phone: () -

Contact E-Mail: _____

Property Owner Name: _____ Phone: () -

Lot#: _____ Block: _____ Subdivision: _____ Tax ID (Parcel) #: _____

Additional Information (*Directions or other identifying features*): _____

Construction Site Address: _____

TBD (*if no address, give the most accurate location information possible*) _____

Beaver
 Garfield
 Iron
 Kane
 Washington

City

County

Are there any other installed or proposed septic systems on this lot/parcel of land? Y N

Maximum Number of Bedrooms (*count dens, offices, or other rooms that can be converted*): _____

Commercial Facility (*List the estimated Maximum Daily Flow*): _____

Will There be a Basement? Y N Will It be Finished? N/A Y N Will It Be Plumbed? N/A Y N

Are there any wells, streams, ponds, ditches, or springs in the vicinity of the proposed system? Y N
If Yes please show complete details on the plot plan

Water Supply for System: _____

Name of Certified Soil Evaluator: _____

Name of Certified System Designer: _____
Certification must be current at the time testing is performed.

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT

SIGNATURE _____ Date _____

FOR OFFICE USE ONLY			
<i>Number</i>	<i>Maximum Hydraulic Loading Rate</i>	<i>Tank Size</i>	<i>Absorption Area Size</i>
_____ Bedrooms	_____ gal/ft ² /day	_____ Gallons	_____ Ft ²
<input type="checkbox"/> Deep <input type="checkbox"/> Shallow <input type="checkbox"/> Chambers <input type="checkbox"/> Bed			
Environmental Health Scientist Signature _____			Date: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED			
Fees Received: _____		By: _____	
<small>Initials</small>			