

SEPTIC SYSTEM APPLICATION

(CONSTRUCTION OF AN INDIVIDUAL ONSITE WASTEWATER DISPOSAL SYSTEM)

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

Property Owner Name: _____ Phone: () - _____

Contact Name (if different): _____ Phone: () - _____

Contact E-Mail: _____

Property Information

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 County

City
County

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

Are there any previously existing waste water systems on the property? Y N
If Yes include as much information as possible, including permit numbers, tank size, and locations for all portions of the system if known.

Water Supply for System: _____

Name of Certified Individual 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			
Number	Loading & Percolation rate	Tank Size	Absorption Area Size
_____ Bedrooms or GPD	_____ g/d/ft ²	_____ m.p.i. _____ Gallon	_____ Ft ²
<input type="checkbox"/> Chambers <input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Bed			
Environmental Health Scientist Signature _____			Date: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED			
Fees Received: _____		By: _____ <i>Initials</i>	