

# System Registration For Onsite Wastewater Treatment System – Holding Tank

Owner First Name                      Initial                      Last Name                      Owner Phone Number

Business or Legal Entity Name (if applicable)

Owner Mailing Address                      City                      State                      Zip

Physical address of system if different from owner's mailing address

**Location**                      **legal description**                      **OR**                      **Geographical coordinates to 4 decimal points**

/

¼    ¼    Section    Township Range    County                      Latitude                      Longitude

***Mark One***

Dwelling                       Non-dwelling

***Mark One***

New system     Modification, reconstruction or alternation of existing system     System inspection only  
 Temporary modification (Describe problem causing discharge and reason for temporary modification):

**System Information**

Number of holding tanks in series \_\_\_\_\_ Total capacity \_\_\_\_\_ gallons

Check box if tank(s) are equipped with alarm or visible float that indicates 90% capacity

Design flow \_\_\_\_\_ gal/day

Previous system registration number (if applicable) TS \_\_\_\_\_

**I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.**

(Print or Type) First Name Initial Last Name

Certificate/License Number

Signature of Certified Professional, Professional Engineer or Registered Environmental Health Specialist

Date of inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay registration.