

# System Registration For Onsite Wastewater Treatment System - Household Domestic Lagoon

*Print or Type*

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**

$\frac{1}{4}$   $\frac{1}{4}$  Section Township Range County / Latitude Longitude

***Mark One***

Dwelling  Non-dwelling  Inspection

***Mark One***

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

## **System Information**

Surface area at maximum operating depth \_\_\_\_\_ sq. ft. Maximum operating depth \* \_\_\_\_\_ ft.

Seepage rate of liner \_\_\_\_\_ inches/day 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 construction/inspection completed

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

(\*) Indicates item not required on registration