

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

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

Mark One

☐ Dwelling ☐ Non-dwelling Previous system registration number (if applicable) TS _____

Mark One

☐ New system ☐ Modification, reconstruction or alteration of existing 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 # of Bedrooms _____

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.