

System Registration for Onsite Wastewater Treatment System - Construction Permit System

Print or Type

Owner First Name	Initial	Last Name	Owner Phone Number
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Business or Legal Entity Name (if applicable)			
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Owner Mailing Address	City	State	Zip
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Physical address of system if different from owner's mailing address			
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<u>Location</u>	<u>Legal description</u>	OR	<u>Geographical coordinates to 4 decimal points</u>			
		/				
1/4	1/4	Section	Township Range	County	Latitude	Longitude

Mark one	<input type="checkbox"/> Dwelling. Number of bedrooms: _____	<input type="checkbox"/> Non-dwelling. Number of bedrooms: _____
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Mark one	<input type="checkbox"/> New system	<input type="checkbox"/> Modification, reconstruction or alteration of existing system	<input type="checkbox"/> Inspection
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System Information

<input type="checkbox"/> Holding tank	<input type="checkbox"/> Gravity septic system	<input type="checkbox"/> Lagoon	<input type="checkbox"/> Mound system
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<input type="checkbox"/> Other. (Please describe):	_____
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Depth to seasonal high groundwater: _____ ft	Percolation rate: _____ min/inch
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Design flow: _____ gallons per day	Previous system registration number (if applicable) TS _____
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Liner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Construction permit number: _____
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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
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Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist	Date of inspection or completion of construction
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NOTICE: All requested information is required. Failure to complete the form or include the appropriate fee(s) will delay the registration.