

System Registration for Onsite Wastewater Treatment System - Construction Permit System

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

<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 ☐ Dwelling. Number of bedrooms: _____ ☐ Non-dwelling. Number of bedrooms: _____

Mark one ☐ New system ☐ Modification, reconstruction or alteration of existing system ☐ Inspection

System Information

☐ Holding tank ☐ Gravity septic system ☐ Lagoon ☐ Mound system

☐ Other. (Please describe): _____

Depth to seasonal high groundwater: _____ ft Percolation rate: _____ min/inch
Design flow: _____ gallons per day Previous system registration number (if applicable) TS _____
Liner ☐ Yes ☐ No Construction permit number: _____

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: All requested information is required. Failure to complete the form or include the appropriate fee(s) will delay the registration.