

System Registration For Onsite Wastewater Treatment System – Title 124 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

Location *OR* **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 alteration of existing system Inspection

System Information

Holding tank Gravity septic system Lagoon Mound system

Other – Describe _____

Depth to seasonal high groundwater _____ feet Percolation rate _____ min/inch

Design flow _____ gal/day Previous system registration number (if applicable) TS _____

Construction permit number (required) _____

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 completed

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