

System Registration For Onsite Wastewater Treatment System - Septic 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 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 of existing system [☐ Tank only ☐ Trench only] ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow gal/day # of Bedrooms Depth to seasonal high groundwater feet

Percolation rate min/inch Loamy sand liner installed ☐ Yes ☐ No

Septic tank capacity gallons Septic tank Manufacture/ Model*

☐ Garbage Grinder ☐ Large capacity tub Number of trenches Width of trenches inches

Total length of all trenches feet Total effective trench bottom area sq. ft.

Soil Absorption System Description (Select one of the following):

☐ Gravelless chambers without filter material (inside bottom width of chamber inches)

Make and Model of chambers installed

☐ Gravelless chambers with filter material (describe filter material)

Make and Model of chambers installed

☐ Pipe with filter material (describe filter material)

☐ Gravelless pipe without filter material (diameter of the gravelless pipe inches)

☐ Gravelless pipe with filter material (describe filter material)

☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter in.)

☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material)

☐ Other (describe)

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: Failure to complete the form or include the appropriate fee(s) will delay the registration. (*) Indicates item requested/ not required on registration