



Working for Healthy Communities

Waste Water System Permit Application

Office Only:

Permit Number: _____

Paid: _____ Received By: _____

Applicant Information:

Name: _____ Phone: _____

Mailing Address: _____

Waste Water System Location: _____

County: _____ Area/City: _____ GPS: N

Email: _____ W

This waste water system is designed for:

A. Single Family Dwelling.

No. of Bedrooms*: _____
Main/Upper Basement

*Add one additional or the known amount of bedrooms for an unfinished basement

B. Other: _____

No. People Served: _____

Estimated Waste Water Flow*:

_____ Gallons per Day (GPD)

*See Table 3 of Utah Administrative Code R317-4

Size of Tank* Required: _____ Gallons

*Tank must be from an approved manufacturer

Total ft² Absorption Area Required*:

GPD _____ ÷ _____ HLR* = _____ ft²

*As determined by estimated flow and soil type. (See Table 5 or 6 of Utah Administrative Code R317-4)

*Hydraulic Loading Rate (HLR)

Type of absorption system:

A. Standard Trench

B. Chambered Trench

C. Absorption Bed

D. Deep Wall Trench

E. Other: _____

Notes: _____

Lot Size: _____ Acres or _____ Square Ft.

Water Source: Public: Name of system: _____

Private: Well (grouted Y/N) or Spring or Other: _____

Distance from Waste Water System: _____

Installation Contractor: _____ License #: _____ Phone: _____

Soil Tester: _____ Certificate #: _____ -OSP- Phone: _____

Designer: _____ -OSP- _____

This Waste Water System will meet min. requirements of the Central Utah Public Health Department if constructed as proposed. Permit application and fee must be submitted and a permit issued prior to any construction. Also, system must be inspected prior to backfilling.

Signed: _____ Date: _____ Permit Fees: Conventional Wastewater System = \$475.00
(Environmental Health Scientist) Repair/Replacement Drainfield = \$125.00



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Soil Log/Percolation Test Record Sheet

Name: _____

Site Location: _____

Soil Layer Depth Intervals	Soil Texture	Soil Structure (i.e. Single Grain, Granular, Blocky, Platy, Prismatic, Massive)	% Rock in Soil		% Soil Particle Distribution (Sand + Silt + Clay = %100)		
			Cobbles	Gravel	Sand	Silt	Clay
Surface to _____							
_____ to _____							
_____ to _____							
_____ to _____							
_____ to _____							
_____ to _____							

Soil Percolation Test #	Total Depth of Hole (ft.)	Period of Time Hole Presoaked	Period of Time Soil Allowed to Swell	Initial Depth of Water	Beginning Time	Final Depth of Water	Ending Time	Distance Water Dropped	Elapsed Time	Perc. Rate in Min/in

Final Stabilized Percolation Rate _____ Minutes per Inch

1. Maximum Seasonal Ground Water Elevation: _____
2. Depth from Ground Surface to Unsuitable Soil or Bedrock Formation: _____
3. Distance from Public Wells Within 1500' of system: _____ and Private Wells Within 200' of System: _____

Note: Soil exploration must extend to a **MINIMUM** depth of **10'** and for deep systems **AT LEAST 4'** below the bottom of proposed trench.

I, _____ certify the above information to be an actual description of the Physical Site Characteristics of the proposed subsurface wastewater disposal system.

Signature: _____
(Certified Soil Tester)

Date: _____

Waste Water System Design



Name: _____

Site Location: _____

<div style="text-align: center; margin-bottom: 20px;"> </div> <p style="text-align: center; margin-top: 20px;">Sketch Wastewater System diagram in this space</p>	<div style="text-align: center; margin-bottom: 10px;"> <p>Standard & Deep Wall Trench Cross Section:</p> </div> <div style="text-align: center; margin-bottom: 10px;"> <p>Total Depth from Top of Septic Tank to Ground Surface: _____</p> </div> <div style="text-align: center;"> <p>Other Absorption System Cross Section/Notes: (i.e. Chambered, Absorption Bed, etc.)</p> </div> <p style="text-align: center; margin-top: 20px;">Sketch Cross Section in this Space if Applicable</p>
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Show All Measurements

1. Locate all features which pertain to the wastewater disposal system in the site area indicated above or added attachment. Plan must include the following:

- | | |
|--|--|
| <input type="checkbox"/> Onsite Waste Water System
<input type="checkbox"/> Water Service Lines
<input type="checkbox"/> Property Lines Within 15' of Sewer System
<input type="checkbox"/> Wells Within 200' of Sewer System
<input type="checkbox"/> All Water Courses | <input type="checkbox"/> Buildings
<input type="checkbox"/> Soil Test Locations
<input type="checkbox"/> Driveways
<input type="checkbox"/> Existing trees
<input type="checkbox"/> Contour Lines with Reference marks |
|--|--|

System Designer Certification:

I, _____ certify that a I hold a current level 2 onsite system professional certificate and I have designed the system in accordance to the standards of UT Admin Code R317-4 Onsite Waste Water Systems.

Signature: _____ Date: _____
(Certified System Designer)

Note: This application is only a guide. However, all information required on this form must be submitted. Other plans and information may be submitted as a substitute or in addition to this application.