

**ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

PROFESSIONAL DESIGN REQUIRED:  Yes  No If yes, professional design attached:  Yes  No

Design Name: \_\_\_\_\_ License Type & No: \_\_\_\_\_

Phone No: \_\_\_\_\_ Other No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**I. TYPE AND SIZE OF PIPING : (EXAMPLE: 4" SCH 40 PVC)**

Stub out to treatment tank: \_\_\_\_\_

Treatment tank to disposal system: \_\_\_\_\_

**II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)**

Water Saving Devices:  Yes  No

**III. TREATMENT UNIT(S):**

A:  Septic Tank  Aerobic Unit

Tank Dimensions: \_\_\_\_\_ Liquid Depth (bottom of tank to outlet): \_\_\_\_\_

Size Proposed: \_\_\_\_\_ (gal) Manufacturer: \_\_\_\_\_

Material: \_\_\_\_\_ Model #: \_\_\_\_\_

Pretreatment Tank:  Yes Size: \_\_\_\_\_ (gal)  No  NA

Pump/Lift Tank  Yes Size: \_\_\_\_\_ (gal)  No  NA

B: OTHER:  Yes  No If yes, please attach description.

**IV: DISPOSAL SYSTEM**

Disposal Type: \_\_\_\_\_

Manufacturer and Model: \_\_\_\_\_

Area Proposed: \_\_\_\_\_ square feet

**V: ADDITIONAL INFORMATION:**

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A: Soil / Site Evaluation B: Planning Materials (If Applicable)

***DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT  
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.***

**SIGNATURE OF INSTALLER OR DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_**