

STONE COUNTY HEALTH DEPT
OWTS
PERMIT APPLICATION

Parcel ID #	Permit #
Date:	Amount:

1. Property Owner Name (Last, First, MI)	Payee:	
	EPHS Signature	#
2. Site Address (911/ENS)	Subdivision	Lot #
City County Zip Code	Reviewed By	Final Inspection Date

Is repair/replacement due to sale of property ? (Please check applicable box) Yes No

Directions to Site

3. Mailing Address (if different from above)	Day Phone Number () -	Night Phone Number () -
City	State	Zip Code

4. System Is New Construction System Replacement System Repair and/or Modification

5. System Serves	Residence <input type="checkbox"/>	Business <input type="checkbox"/>	
Single Family <input type="checkbox"/>	No. Bedrooms: <input type="checkbox"/>	Basement <input type="checkbox"/>	Daily Sewage Flow (gallons per day)
	No. Bathrooms: <input type="checkbox"/>	Whirlpool Bath <input type="checkbox"/>	
Multi-Family <input type="checkbox"/>	Laundry Facility <input type="checkbox"/>	Garbage Disposal <input type="checkbox"/>	
	Dishwasher <input type="checkbox"/>	Food Service <input type="checkbox"/>	
		Water Softener <input type="checkbox"/>	
		Lodging <input type="checkbox"/>	
		Other (specify):	
		No. Served:	

6. Water Supply	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Date of Last Water Test _____	
	Name of Supply	Type Supply	Bored Well <input type="checkbox"/>	Dug Well <input type="checkbox"/>
			Driven Well <input type="checkbox"/>	
			Drilled Well <input type="checkbox"/>	Other (specify):

7. Lot	Size # acres # square feet	% Slope	Indicate direction of slope on Site Layout
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8. Soil Information Include soil morphology report with the application

Soil Morphology Application Rate (gpd/sq. ft.)

9. Name of Soil Evaluator	Tester Identification Number
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Address	Phone Number () -
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City	State	Zip Code
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10. Proposed System Complete information only for the system you plan to construct.

Indicate location of discharge pipe, fence, gate, and all setback distances on Site Layout.

A. <input type="checkbox"/> Sewage Tank Septic Tank <input type="checkbox"/> Liquid Capacity gal. Manufacturer: Material/Construction NSF Class I Aeration Unit <input type="checkbox"/> Treatment Capacity gpd Manufacturer: Material/Construction Pump Tank <input type="checkbox"/> Liquid Capacity gal. Manufacturer: Material/Construction	<input type="checkbox"/> Absorption Field Distribution Box <input type="checkbox"/> Pipe & Gravel-width _____ <input type="checkbox"/> Serial Distribution <input type="checkbox"/> Chamber-width _____ <input type="checkbox"/> Flat Lot Layout <input type="checkbox"/> Gravelless Pipe-dia. _____ <input type="checkbox"/> Dosed <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Pressure Distribution <input type="checkbox"/> Total Absorption Area _____ Trench Length(s) No. of Trenches Trench Width Trench Depth
Distance from: Well House Property Lines Water Lines Stream, River, Pond, or Lake Neighbor's Well	Distance from: Well House Property Lines Water Lines Stream, River, Pond, or Lake Neighbor's Well

Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.

B. Alternative System

Low Pressure Pipe System <input type="checkbox"/>	Sand Filter <input type="checkbox"/>	Mound System <input type="checkbox"/>
Drip Irrigation <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

Include supporting data, calculations, and drawings with the packet.

11. Installer	Registered/Basic Y <input type="checkbox"/> N <input type="checkbox"/> Registered/Advanced Y <input type="checkbox"/> N <input type="checkbox"/>	Identification Number
Name		Phone Number () -
Address		
City	State	Zip Code

All information contained in and with this application packet is true and accurate to the best of my knowledge.

12. Signature _____ Please circle appropriate title: Property Owner Installer Builder	Date _____
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13. Site Layout

TO BE COMPLETED BY THE INSTALLER

Drawn By:
Property Owner:

Indicate on Drawing the Direction North
Attach Computer Diagram if Used

1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram proposed system. Show appropriate elevations to indicate proper fall for system. System must be staked on the property prior to the site evaluation.
3. Show distances to house, well, water lines, property lines geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors' wells, homes, and sewage disposal systems.
5. Show locations of soil morphology test pits. Holes must be flagged on the property for pre-site evaluation.
6. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.

TRENCH DETAILS

