

STONE COUNTY HEALTH DEPARTMENT
 ONSITE WASTEWATER TREATMENT SYSTEM
 CONSTRUCTION PERMIT APPLICATION

				Parcel ID #						
		Date		Ck#		Payee		Amt.		
1. Property Owner Name (Last, First, MI)				Permit #						
				Reviewed By				EPHS #		
				EPHS Signature						
2. Site Address (911/ENS)				Subdivision				Lot #		
City		County		Zip Code		Map Code		Final Inspection Date		
Is repair/replacement due to sale of property ? (Please check applicable box) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>		System Replacement <input type="checkbox"/>		System Repair and/or Modification <input type="checkbox"/>		
5. System Serves		Residence <input type="checkbox"/>			Business <input type="checkbox"/>					
Single Family <input type="checkbox"/>		No. Bedrooms:	Basement <input type="checkbox"/>		Food Service <input type="checkbox"/>		Daily Sewage Flow (gallons per day)			
		No. Bathrooms:	Whirlpool Bath <input type="checkbox"/>							
Multi-Family <input type="checkbox"/>		Laundry Facility <input type="checkbox"/>	Garbage Disposal <input type="checkbox"/>		Lodging <input type="checkbox"/>				Other (specify):	
			Dishwasher <input type="checkbox"/>							
				Water Softener <input type="checkbox"/>		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	
8. Soil Information		Include soil morphology report with the application								
Soil Morphology <input type="checkbox"/>		Application Rate (gpd/sq. ft.)								
9. Name of Soil Evaluator						Tester Identification Number				
Address						Phone Number				
						() -				
City		State			Zip Code					

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.

<p>A. <input type="checkbox"/> Sewage Tank</p> <p>Septic Tank <input type="checkbox"/> Liquid Capacity gal. Manufacturer: Material/Construction</p> <p>NSF Class I Aeration Unit <input type="checkbox"/> Treatment Capacity gpd Manufacturer: Material/Construction</p> <p>Pump Tank <input type="checkbox"/> Liquid Capacity gal. Manufacturer: Material/Construction</p> <p>Distance from: Well House Property Lines Water Lines Stream, River, Pond, or Lake Neighbor's Well</p>	<p><input type="checkbox"/> Absorption Field</p> <p>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 _____</p> <p>Trench Length(s) No. of Trenches Trench Width Trench Depth</p> <p>Distance from: Well House Property Lines Water Lines Stream, River, Pond, or Lake Neighbor's Well</p>
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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
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Name	Phone Number () -
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Address

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

<p>12. Signature _____</p> <p>Please circle appropriate title: Property Owner Installer Builder</p>	<p>Date _____</p>
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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

