



SUMMIT COUNTY HEALTH DEPARTMENT

Application for Onsite Wastewater Permit

**** Please fill out all blanks, incomplete applications will not be processed.****

Home Owner Section:

Property Owners Name: _____ Date: _____

Parcel/ Tax ID Number: _____ Phone: _____

Property Owners Email: _____

Subdivision Name: _____ City/Township: _____

Property Address: _____ Lot #: _____

Lot Size: _____ Water Supply: _____

General Contractor Section:

System Designer's Full Name: _____ Onsite Certification #: _____

Phone: _____ Email: _____

System Installers Full Name: _____ Phone: _____

General Contractor Full Name: _____ Phone: _____ Email: _____

System Designer Section:

Design Requirements:

1. Perc Test/Soil Evaluation Results.
2. Design Criteria- *Designs must meet ALL requirements listed in R317-4-6 of the Onsite Wastewater System Rule.*
Designs must include the following: **1.** System layout on survey site plan. **2.** Cross sectional view of drain field and side profile view of foundation, tank, D box and drain field (Include all depth measurements).

Calculations:

1. Total livable sq. ft. of home: _____ sq. ft.
2. Total # of bedrooms including basement: _____
3. Estimated daily water usage (gallons per day): _____
4. Hydraulic loading rate (gallons per day): _____
5. Type of drainfield (Circle one):

Deep Wall (drain rock under pipe ____ft.) **Standard Shallow** (drain rock under pipe ____ft.) **Chamber**

1. Drainfield flow line depth _____ft.
2. Total linear ft. of trench _____ft.
2. Width of trench _____ft. (max is 3')
3. Tank Depth: _____ft.
4. Tank Size: _____gallons (Home size over 3000 sq. ft. requires 1500 gal. and over 4000 sq. ft. requires 1750 gal.)

The Summit County Health Department and general contractor design and installation agreement

I agree to install this system in conformance to the specifications and plans that were submitted and approved by the Health Department. Any alterations to the approved design must be reviewed and approved by the certified designer and the Summit County Health Department and the system must be inspected prior to backfill.

General Contractor Name: _____ **Signature:** _____ **Date:** _____

*****If using an alternative system please complete below**:***

System maintainer: Name: _____ **Signature:** _____ **Date:** _____

Home Owner Name: _____ **Signature:** _____ **Date:** _____

COALVILLE OFFICE
85 North 50 East, PO Box 128
Coalville, UT 84017
435-336-3234

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Park City, UT 84060
435-333-1500