

**Park City-County Environmental Health Department  
Individual Wastewater Treatment System Permit Application  
(Revised December 2008)**

Property Owner \_\_\_\_\_  
S \_\_\_\_\_ T \_\_\_\_\_ N or S R \_\_\_\_\_ E \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Date Installed \_\_\_\_\_

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**Part I: Owner Information**

Property owner name \_\_\_\_\_  
Complete mailing address \_\_\_\_\_  
\_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work/cell \_\_\_\_\_

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**Part II: Property Information** *(Provide Tax information as proof of ownership)*

Acreage or dimensions of parcel \_\_\_\_\_ COS # \_\_\_\_\_  
Legal description of property: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
**Physical address:** \_\_\_\_\_  
Is parcel in a subdivision? \_\_\_\_ Yes \_\_\_\_ No

**If Yes:** *You MUST complete this section and include the following documents:*

- \_\_\_\_\_ a copy of the certificate of plat approval statement
- \_\_\_\_\_ a copy of the state approved lot layout

Name of Subdivision \_\_\_\_\_  
Block and/or lot number \_\_\_\_\_  
EQ or COS# \_\_\_\_\_ Approval Date \_\_\_\_\_

Physical location and directions:  
\_\_\_\_\_  
\_\_\_\_\_

**If No:** *You MUST include a SITE EVALUATION report.  
(This will include Part VI & VII, percolation test results, non-degradation calculations,  
and other applicable information as may be requested for the sanitarian's review)*

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**Part III: Authorized Representative**

*A copy of the permit will be mailed to the property owners authorized representative.*

Name \_\_\_\_\_  
Complete mailing address \_\_\_\_\_  
\_\_\_\_\_

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**Part IV: Proposed use of system**

New system \_\_\_\_\_  
Repair/ Replacement system \_\_\_\_\_ (Is the system failed \_\_\_\_ Yes \_\_\_\_ No)  
**Residential:** \_\_\_\_\_ single family dwelling \_\_\_\_\_ multiple living units  
\_\_\_\_\_ total number of bedrooms Unfinished basement? \_\_\_\_ Yes \_\_\_\_ No  
**Commercial:** \_\_\_\_\_ Maximum discharge (gpd) *(Residential strength only)*  
How was this determined? \_\_\_\_\_

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**Part V: Statement of Accuracy and Permission to Inspect**

I, \_\_\_\_\_, as the owner of the parcel of land described within the permit, have completed the permit application of Park County individual wastewater treatment systems. I also do hereby declare that the information provided was to the best of my knowledge. I acknowledge that the County Sanitarian and/or the Board of Health member(s) is/are hereby empowered and authorized to enter upon my private property for the purpose of inspecting a system that treats, discharges, or disposes of wastewater to determine compliance with these regulations.

\_\_\_\_\_  
Printed name of Property Owner

\_\_\_\_\_  
Signature of Property owner

Date \_\_\_\_\_

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**Part VI: Design specifications –Tank size & location, type, number and length of laterals, d-box, etc.**

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**Part VII: Site Evaluation Report** *All information MUST be included.*

A. Soils Information-- Date of soils test \_\_\_\_\_

Was the sanitarian notified? \_\_\_ Yes \_\_\_ No

Was the sanitarian present? \_\_\_ Yes \_\_\_ No

**Horizon**      **Depth**      **Description** *includes texture, rock size, structure, etc.*

A      \_\_\_\_\_ to \_\_\_\_\_

B      \_\_\_\_\_ to \_\_\_\_\_

C      \_\_\_\_\_ to \_\_\_\_\_

Root depth \_\_\_\_\_ Mottles \_\_\_ Yes \_\_\_ No

Other features \_\_\_\_\_

Depth to groundwater \_\_\_\_\_ How determined? \_\_\_\_\_

Depth to bedrock or other limiting layer? \_\_\_\_\_

## LOT LAYOUT

In the space below, sketch the proposed wastewater treatment system. Include the following:  
(1) Property boundaries (2) Water supply location(s) (3) Drainages and natural waterways  
(4) All Buildings (5) Location of proposed system (Must be in DEQ or Dept. Approved Area)  
(6) Percolation and/or test pit locations (7) Direction and the degree of slope in the drainfield area  
(8) Designated replacement area. Measure and record distances from the proposed system location and the items identified on the layout.

.....  
North

.....  
Directions to find the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe limiting layer & how determined \_\_\_\_\_

B. Stabilized percolation rate \_\_\_\_\_ minutes per inch

C. Distance of system to closest surface water \_\_\_\_\_

D. Other unusual site features, concerns, problems or observations: \_\_\_\_\_

E. A flood plain map, *clearly showing the parcel*, may be required with this report. Is any part of the property in the flood plain? \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Not in floodplain

F. Non-degradation calculation work sheets and supporting data may be required.

G. A Lot Layout, drawn to scale, with all required information **MUST** be included with the application.

H. If a pump is required, pump and pressure specifications **MUST** be included.

I. Site evaluation checklist (Part VII) **MUST** be completed and signed.

J. This space may be used for any additional notes, comments, or observations:

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## Part VIII: Site Evaluation Checklist & Statement of Accuracy

### Information to be included in permit:

\_\_\_\_\_ All information required from Part VI—Site Evaluation Report

\_\_\_\_\_ Percolation test sheet with signature

\_\_\_\_\_ Non-degradation worksheets & supporting data (e.g. well logs, topo maps, nitrates, etc)

### Information to be included on the proposed lot layout:

\_\_\_\_\_ All lot boundaries

\_\_\_\_\_ North arrow

\_\_\_\_\_ Scale in feet

\_\_\_\_\_ All buildings, existing and proposed

\_\_\_\_\_ Building sewer, location, size and depth

\_\_\_\_\_ Roads, driveways, parking lots

\_\_\_\_\_ All water supplies (wells, springs, cisterns; include neighboring water supplies)

\_\_\_\_\_ All water lines

\_\_\_\_\_ All surface waters and areas of drainage and/or runoff

- \_\_\_\_\_ Septic tank location and size
- \_\_\_\_\_ Cleanout locations
- \_\_\_\_\_ Distribution box location
- \_\_\_\_\_ Location of primary and secondary drainfield areas
- \_\_\_\_\_ slope (percent and direction) across drainfield areas
- \_\_\_\_\_ Existing wells, surface waters, septic systems, or other water supplies within 100 feet of parcel boundaries on neighboring properties
- \_\_\_\_\_ Easements
- \_\_\_\_\_ Right of ways
- \_\_\_\_\_ Underground pipes, cables or wires
- \_\_\_\_\_ Slopes greater than 15%
- \_\_\_\_\_ Any other feature that might restrict wastewater treatment on the site

Additional notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*As a licensed Site Evaluator, my signature verifies that I have addressed the above items for this parcel. I have completed the site evaluation report and checklist, and I hereby declare that the information herein provided is true, complete and correct to the best of my ability and knowledge.*

<b>Signature of Site Evaluator</b>	<b>Printed name</b>	<b>Date</b>

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**Part IX: Payment**

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Tax ID # \_\_\_\_\_  
 Rcpt# \_\_\_\_\_  
 Paid by \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date \_\_\_\_\_