



Health Department

APPLICATION FOR Onsite Wastewater System

Owner/Facility Name _____ Application Date _____

Current Address _____ City _____ Zip _____

Phone No. (____) _____ Email Address _____

Property Address _____ County Area or City _____

Subdivision _____ Plat _____ Lot No. _____

Tax ID No.: _____ (Application will not be accepted without Tax ID Number)

Residence: Number of Bedrooms: _____

Non-Residential: Facility Type: _____

Source of Domestic Water: _____

Items to be submitted:

Lot Plan with Dimensions Arrow Showing North Orientation

Actual/Future Well Location if applicable.

(All wells drilled after 4/12/2016 must be 95 feet from property lines)

Location of All Waterways (streams, lakes, ponds, marshes, watercourses, waterways, wells, springs, irrigation systems, drainage systems, and all other bodies or accumulations of water) if applicable.

By checking this box, you are verifying the water being sampled by UCHD will be utilized as the source of potable water for the applicable building permit application.

Comments: _____

→ The property owner must have adequate water rights, availability, and perpetual access to the source of water proposed. Further, the source of water proposed must have adequate quantity and flow for the purposes stated within this application.

Site evaluations and determinations must be performed by a certified onsite wastewater designer at applicant's expense.

REMODEL APPLICANTS ONLY:

By checking this box, I am verifying that the septic system that is currently on my property, is functioning properly and is maintained regularly.

SIGNATURE of the APPLICANT/DESIGNEE: _____

APPLYING FOR A PERMIT DOES NOT GUARANTEE PERMIT WILL BE ISSUED

OFFICE USE ONLY:

Filed In: _____

Amount Paid \$ _____ Payment Date: _____

Cash Check Credit/Debit Received By _____