



Division of Environmental Health
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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: _____

Non-Public Water Only:

* 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.

* By checking this box, you are verifying the property has adequate water rights, availability, and perpetual access (as defined in Health Regulation 16-01) to the source of water proposed. You are also verifying that the source of water proposed has adequate quantity and flow for the purposes stated within this application.

***Must be completed.**

Items to be submitted:

- Lot Plan with Dimension
- Location of All Waterways including Wells if Applicable
- Arrow Showing North Orientation
- Actual/Future Well Location (All wells drilled after 4/12/2016 must be 95 feet from property lines)

Comments: _____

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.

UCHD hereby gives notice that aerial drone technology may be used throughout the approval process. By signing this form you are agreeing to the use of aerial drone technology by UCHD on the property for approval purposes.

SIGNATURE OF THE APPLICANT/DESIGNEE: _____

APPLYING FOR A PERMIT DOES NOT GUARANTEE PERMIT WILL BE ISSUED

OFFICE USE ONLY:

Filed In: _____

File No. _____

Cash Check Credit/Debit

Amount Paid \$ _____

Payment Date _____

Received By _____

THIS PAGE IS FOR UCHD OFFICE USE

Complete N/A

- Site Evaluation:** (form completed)
- Source Protection Zone:** 1 2 3 4 Initials_____
- Soil Evaluation:** Performed by:_____ Cert. #:_____
- Percolation Test:** Performed by:_____ Cert. #:_____
- Groundwater Determined by:**_____ Cert. #:_____
- Will Service Letter from Public Water System**
 - System Rating “Approved or Corrective Action”
- Private Water:**
 - Well Driller Log
 - Sample Results Meeting Drinking Water Standards
 - Well Location
- Plans:** Designer:_____ Certification #:_____
- Installer:**_____
- Permit To Install (attach original)**
- Final Inspection (attach as built and inspection)**