

APPLICATION FOR ONSITE WASTEWATER SYSTEM

Application Date: ____ / ____ / ____

| | | | |
|--|--|--|----------------|
| Owner / Facility Name: | | | |
| Phone Number: | | Email: | |
| Property Address: | | | |
| City: | | Zip: | |
| Subdivision Name: | | Plat Number: | Lot Number: |
| Property Tax ID Number: | | | |
| (This is not your Social Security Number) | | | |
| ** Application will not be accepted without the Property Tax ID Number ** | | | |
| <input type="checkbox"/> Residential | Number of Bedrooms: | <input type="checkbox"/> Non-Residential | Facility Type: |
| Source of Domestic Water: | | | |
| Non-Public Water Only | | | |
| ** (Must Be Completed) ** | | | |
| <input type="checkbox"/> | 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. | | |
| <input type="checkbox"/> | 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. | | |

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 04/12/2016 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 | |
|--------------------------|--|
| <input type="checkbox"/> | 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 ****

| ** FOR OFFICE USE ONLY ** | | | | |
|---------------------------|--|-------------------------------|--------------------------------|---|
| Date of Payment: | | Payment Received By: | Amount Paid: | \$ |
| Filed In: | | <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Credit / Debit |
| File Number: | | Check #: | Approval Code: | |