



**ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

APPLICATION # _____

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL

Owner Name _____ County _____

Professional Design Required? Yes No If yes, attach design.

Sewer (House drain):

Type and size of pipe _____ Slope of sewer pipe to tank _____

Daily Wastewater Usage Rate Q= _____ (gallons/day)

Water Saving Devices Yes No

Treatment Unit:

Septic Aerobic

Tank Dimensions _____ Liquid Depth (bottom of tank to outlet) _____

Size Required _____ Size Proposed _____

Manufacturer _____ Material/Model # _____

Pre-treatment Tank Yes Size _____ (gal) No

Other _____

Please attach description

Disposal System:

Type _____

Area Required _____ Area Proposed _____

Designers Signature

License No.

Date