## WASATCH COUNTY HEALTH DEPARTMENT

55 South 500 East Heber City, Utah 84032

Deny

## APPLICATION FOR WASTEWATER PERMIT

Phone: 435-657-3264

Fax: 435-657-3265

| Parcel I                            | D Numbe   | er:   | Property Ov   | vner's Email  | Date:   |
|-------------------------------------|---|---|---|---|---|
|                                     |   |   |   |   | Phone:  |
| Subdivi                             | sion Nam  | e:  |   |   |   |
| Property Address:                   |   |   |   | Email   | Lot Number:   |
| Mailing Address:                    |   |   |   |   | Fax:  |
| System                              | Designer  | 's Name:  |   | License #   | Phone:  |
| Address                             | s:  |   |   | Fax:  | Email   |
| Total N                             | umber of  | Bedrooms:   | Unfinished Basemer  | nt: Yes No Depth  | Sewer Line Exits Building   |
| Water S                             | System:   | Dublic:   |   | Private:  |   |
| Please ci                           | heck that th  | hose items applica  | ble to our application have   | been included in your submittal.  | Incomplete applications will be returned.   |
| □ 1.                                | <ol> <li>Results of an approved percolation test and soil exploration pit. Attach signed "Percolation Test Certificate and Soil<br/>Exploration Results".</li> </ol>  |   |   |   |   |
| <ul><li>□ 2.</li><li>□ 3.</li></ul> | A site assessment including the following information:    a. Percolation test inspection.   b. Determination of depth to groundwater (monitoring may be required).   c. Determination of depth to bedrock.   d. Determination of slopes.   e. Soil log.   f. Additional information as required by Wasatch County Health Department.  A determination by the Wasatch County Health Department Rule 00-5 and by Utah Administrative Code 317-4-3.4 of who is required to design the wastewater system; an engineer, a certified wastewater system designer or the property owner with the guidance of the Wasatch County Health Department.   A. If an engineer or certified wastewater system designer needs to be involved as required in Wasatch County Health Department Rule 00-5 and by Utah Administrative Code 317-4 the following information needs to be submitted:   a. Wastewater system design plans & specifications completed by state certified designer. The plans must comply with State and local requirements. (Wasatch County Health Department Rules 00-1 through 00-6 |   |   |   |   |
| ☐ 4.<br>☐ 5.                        | Permit F<br>Fee).<br>Verificat  | and Ut Depart If a property owner Fee paid \$325.00 tion of culinary If connectin | tah Administrative Code itment) There qualifies to design the will need to contact the Ho. (\$300.00 Wasatch Court water supply: The property of the property of the public system, a letter to the public system. | R317-4, Onsite Wastewater Sy ir own system with the Health I ealth Department for the application ty Health Department Wastev II permit or well application is etter of approval from the system. | Department's guidance as per Rule 00-5 the able information required vater Permit Fee; \$25.00 State Wastewater |
|                                     | and inspecti  |   |   |   | r for any other problems encountered during the<br>tion and maintenance of the onsite wastewater                |
|                                     |   |   | Applicant   |   | Date  |
|                                     | pproved in  | writing by the Wasa   | tch County Health Departmen   |   | date of approval. Any changes to the designed system,   |
|                                     | Accept  | Comme   | ents:   |   |   |