

# System Registration For Onsite Wastewater Treatment System - Septic System

*Print or Type*

Owner First Name Initial Last Name Owner Phone Number

Business or Legal Entity Name (if applicable)

Owner Mailing Address City State Zip

Physical address of system if different from owner's mailing address

**Location** Legal description OR Geographical coordinates to 4 decimal points

1/4 1/4 Section Township Range County / Latitude Longitude

**Mark One**  Dwelling  Non-dwelling Previous system registration number (if applicable) TS \_\_\_\_\_

**Mark One**

New system  Modification of existing system [ Tank only  Trench only]  Inspection only  
 Temporary modification (Describe problem causing discharge and reason for temporary modification): \_\_\_\_\_

Design flow \_\_\_\_\_ gal/day # of Bedrooms\* \_\_\_\_\_ Depth to seasonal high groundwater \_\_\_\_\_ feet

Percolation rate \_\_\_\_\_ min/inch Loamy sand liner installed\*  Yes  No

Septic tank capacity \_\_\_\_\_ gallons Septic tank Manufacture/ Model\* \_\_\_\_\_

Garbage Grinder\*  Large capacity tub\* Number of trenches \_\_\_\_\_ Width of trenches \_\_\_\_\_ inches

Total length of all trenches \_\_\_\_\_ feet Total effective trench bottom area \_\_\_\_\_ sq. ft.

Soil Absorption System Description (**Select one of the following**):

- Gravelless chambers without filter material (inside bottom width of chamber \_\_\_\_\_ inches)  
Make and Model of chambers installed \_\_\_\_\_
- Gravelless chambers with filter material (describe filter material \_\_\_\_\_)  
Make and Model of chambers installed \_\_\_\_\_
- Pipe with filter material (describe filter material \_\_\_\_\_)
- Gravelless pipe without filter material (diameter of the gravelless pipe \_\_\_\_\_ inches)
- Gravelless pipe with filter material (describe filter material \_\_\_\_\_)
- Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter \_\_\_\_\_ in.)
- Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material \_\_\_\_\_)
- Other (describe) \_\_\_\_\_

**I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.**

(Print or Type) First Name Initial Last Name Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

(\*) Indicates item requested/ not required on registration