



APPLICATION - PERMIT
ON-SITE WASTEWATER SYSTEM



(Please Type or Print Legibly)

OWNER'S NAME: PHONE:

ADDRESS:

PROJECT LOCATION:

TAX/MAP #:

APPLICATION PREPARER: DNREC LICENSE #:

PREPARER'S ADDRESS:

PHONE:

I hereby affirm that the information provided on this document is accurate and complete.

Preparer's Signature: Date:

By signing this permit application, the preparer further certifies they were physically present at the site.

-SEPTIC DESIGN CRITERIA-

(Please check all boxes that apply)

System Type: (CF = Cap & Fill / FD = Full Depth)

- Gravty (FD) Permanent Holding Tank
Gravty (CF) Elevated Sand Mound
Pressure Dose (FD) Wisconsin At-Grade
Pressure Dose (CF) Subsurface Micro Irrigation
Low Pressure Pipe (FD) Peat Bio- Filter
Low Pressure Pipe (CF) Other
Temporary Holding Tank

- Bed or Trench
Gravelless Chamber Stone/Gravel Tire Chips
Sand-lined Yes No

Existing System Malfunctioning Yes No N/A

Pre-Treatment Units

- Septic Tank
Other

Central Water Available Yes No
(If yes, please state Utility Name:)

Type of Construction:

- Replacement
New Construction
Component Replacement
Component:
Repair to Existing System
Reason:

Authorization to Use Existing System

Permit #:
Present Condition:
Structure to be connected:

of Bedrooms:
Avg. Percolation Rate:
Gallons Per Day Flow:
Minimum Sq. Ft. Rcq'd:
Sq. Ft. Proposed:

- SITE PLAN & CROSS SECTION -
(INDICATE DIRECTIONS OF NORTH & SCALE OF SITE PLAN)

Draw a general location map of project location and give distance to nearest road junction.

OWNER'S/AUTHORIZED AGENT SIGNATURE: _____ DATE: _____

- A copy of this page must be submitted with both septic system and well construction report(s)