



## ALTERNATE ONSITE WASTEWATER CONSTRUCTION PERMIT APPLICATION INSTRUCTIONS

The wastewater drainfield area needs to be determined before any other plans are made. The following items must be done before an Onsite Wastewater Application can be reviewed:

1. Site Assessment must be completed by TriCounty Health Department.
2. All issues stated on Site Assessment must be addressed.
3. Drinking water source must be approved by TriCounty Health Department.
4. A level 3 certified individual must design the Onsite Wastewater System. (see list of certified individuals)
5. Fill out the application completely. (See page 3).
6. Submit the following:
  - Application
  - Proof of drinking water (well permit, well serve letter, spring rights)
  - If more than one connection, will need a shared well or shared spring agreement.
  - Detailed system design (see page 2)
  - Operation and maintenance instructions for the specific system.
  - Building floor plan for each level.
  - Fee (\$740.00 Non-refundable and subject to change)
  - Current Tax I.D. Form (if information changed since Site Assessment done).

# DETAILED SYSTEM DESIGN INSTRUCTIONS

## Design Requirements

Plans must be prepared and signed by a level 3 state certified individual including their certification number. Plans must be prepared in such a manner that the installer can read and follow them in order to install the system properly. Construction shall not commence until the plans have been approved. Faxed designs will not be accepted.

## Design Calculations including pump and pump curve information.

## Material list

### Details

- Draw to scale (scale is not to exceed 1 inch = 30 feet), Indicate scale used
- Location and distance from water supply lines
- Location of private water source including 100' protection buffer zone.
- Location and distance of any watercourse, lake, pond, or reservoir within 200 feet
- Distance from any building foundation
- Location and distance from curtain drains
- Location and distance of property lines
- Distance between trenches and length of distribution lines
- Location and distance from any down slope cut bank or top of embankment
- Distance between septic tank and trenches
- Location of soil exploration holes and perc tests
- Location of easements or drainage right-of-ways affecting the property
- Replacement area (If the area between trenches is to be used there must be at least 20 feet center to center between original trenches)
- Slope of building sewer (must not be less than  $\frac{1}{4}$  inch per foot). Building sewers include the pipe from the building to the septic tank and from the septic tank to the absorption system.
- Slope of distribution laterals (should be level)
- Location of roadways, driveways and parking areas

## Cross Section of Absorption System

### Relative Elevations

- Indicate the original grade and trench bottom for both ends of each distribution lateral

**APPLICATION FOR AN ALTERNATE ON-SITE WASTEWATER PERMIT**

Property Serial # \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

**APPLICANT: Current Property Owner?** \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Route, Box, or Street Address

\_\_\_\_\_ Cellular Phone #: \_\_\_\_\_  
City State Zip

**TYPE OF ALTERNATE SYSTEM:**

\_\_\_\_\_

**SYSTEM DESIGNER/INSTALLER:**

Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Route, Box or Street Address

\_\_\_\_\_ Cellular Phone #: \_\_\_\_\_  
City State Zip

**DRINKING WATER SOURCE:** Circle one Number of connections \_\_\_\_\_

**Well/Spring** - (need to provide proof of water rights, water will need to be tested prior to health department approval, approx. 4 – 6 week time frame)

**Public water connection** - (will need to provide a will serve letter stating you have a connection)

**Other** (please specify) - \_\_\_\_\_

**The property owner has ultimate responsibility for the design, installation, operation and maintenance of the onsite wastewater system.**

Property Owner Signature: \_\_\_\_\_

**Application will not be accepted without a signature.**

<u>HEALTH DEPARTMENT USE ONLY</u>		<u>Checklist</u>
instructions		___ Operation and maintenance
Date Fee Paid: _____	Amount Paid: _____	___ Detailed System Design
Received By: _____	Receipt # _____	___ Building floor plan
Permit # _____		___ Fee
		___ Current Tax I.D. Form
		Site Assess Complete