

TriCounty Health Department

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TEMPORARY SEWAGE HOLDING TANK PERMIT APPLICATION INSTRUCTIONS

The following items must be done before a Sewage Holding Tank Application can be reviewed:

1. Fill out the application completely. (See page 3).
2. Submit the following:
 - Application
 - Temporary Holding Tank Agreement
 - Start and End date of operation
 - Detailed plot plan (see page 2)
 - Building floor plan
 - Pump Agreement
 - Fee (\$700.00 non-refundable and subject to change)
 - 50% late fee for installing without a permit if applicable.
 - Current Tax I.D. Form

TriCounty Health Department

DETAILED PLOT PLAN INSTRUCTIONS

Submit a plot plan drawn to scale. Depending on your lot size, let 1/4" square equal 5' x 5' or 10' x 10'. Include the following items:

- Indicate direction of North
- Number of bedrooms/offices/occupancy.
- Location and liquid capacity of sewage holding tank
- Source and location of domestic water supply
- Location of streams, ditches, watercourses, ponds, etc., near property
- Plan details of sewage holding tank and high sewage level warning device
- Relative elevations:
 - Building floor drain,
 - Building sewer
- Invert of inlet for tank
- Lowest plumbing fixture or drain in building served
- The maximum liquid level of the tank

Installation Requirements:

- Access manhole must be ground surface (R317-4-12.4)
- The high water warning device shall indicate when the tank is within 75% of being full (R317-4-12.4)
- The high water warning device shall be conspicuously placed (R317-4-12.4).
- The holding tank must be readily accessible to the pump truck (R317-4-12.6)

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APPLICATION FOR A TEMPORARY SEWAGE HOLDING TANK PERMIT

Property Serial # _____ Date: _____

Property Address: _____

Start and End Date of operation: _____ (maximum 1 year)

APPLICANT:

Name: _____ Daytime Phone #: _____

Mailing Address: _____ Evening Phone #: _____
Route, Box, or Street Address

City, _____ State _____ Zip _____ Cellular Phone #: _____

SYSTEM INSTALLER:

Name: _____ Daytime Phone #: _____

Mailing Address: _____ Fax # _____
Route, Box or Street Address

City _____ State _____ Zip _____ Cellular Phone _____

PROPERTY OWNER (if different from applicant):

Name: _____

Mailing Address: _____
Address _____ City _____ State _____ Zip _____

Liquid Scavenger: _____ Tank Manufacturer: _____

The property owner has ultimate responsibility for, installation, operation and maintenance of the temporary sewage holding tank.

Applicant Signature: _____

Application will not be accepted without a signature.

HEALTH DEPARTMENT USE ONLY

Checklist

Date Fee Paid: _____ Amount Paid: _____

Received By: _____ Receipt # _____

Permit # _____

- ___ Detailed Plot Plan
- ___ Building floor plan
- ___ Fee
- ___ Current Tax I.D. Form
- ___ Temporary Holding Tank Agreement
- ___ Pump Agreement