

**WEBER-MORGAN HEALTH DEPARTMENT
WASTEWATER PROGRAM OFFICE
477 23rd Street, Ogden, Utah 84401
Phone 399-7160 Fax 399-7170**

APPLICATION FOR AN ONSITE WASTEWATER TREATMENT PERMIT

Fee Paid_____	Fee Owed_____	Log #_____	Permit #_____
---------------	---------------	------------	---------------

Site Address_____ Land Serial #_____

Subdivision_____ Lot No._____ No. of Bedrooms_____

Water Supply_____ Approved_____

Applicant_____ Phone_____

Mailing Address_____

City_____ State_____ Zip Code_____



ONSITE WASTEWATER TREATMENT SYSTEM AGREEMENT

In consideration of the Weber-Morgan Health Department (the Department) allowing me to install an onsite wastewater treatment system at the construction site address listed above, I agree to do the following:

1. I shall cause the installation of the system pursuant to and in conformance to the plans approved by the Department.
2. I hereby assume all responsibility if the system should malfunction and hereby acknowledge that the Department makes no representation as to the effectiveness or the reliability of the onsite wastewater treatment system:
3. If the system malfunctions, I agree to immediately notify the Department and make repairs of alterations approved by the Department or replace the system with a wastewater system approved by the Department and shall bear all costs of repair, alteration, removal of the old system and installation of the new system:
4. I hereby authorize the Department through a covenant and restriction to run with the land to enter upon my property during regular 8 a.m. to 5 p.m. business hours for the purpose of inspection of the wastewater system.

I UNDERSTAND AND AGREE TO FULLY COMPLY TO THE ABOVE-LISTED CONDITIONS:

Applicant_____ Date_____

OFFICE USE ONLY

Date Issued _____ By _____ Initial Inspection _____ By _____

Water Table _____ Percolation Rate _____ MPI Final Inspection _____ By _____

Septic Tank Size _____ Pumping Chamber Size _____ Total Absorption Area _____ Sq. Ft.

Type of System	Fee
_____ Conventional (includes absorption fields, and absorption beds)	\$231.00
_____ Seepage Trench	\$264.00
_____ At-Grade	\$528.00
_____ Mound	\$693.00
_____ Packed-Bed Media	\$693.00
_____ Renewal	\$ 75.00
_____ Alteration	\$ 0.00
_____ Holding Tanks*	\$528.00
_____ On-Site Training Center* State Fee added	\$ 25.00
_____ Plan Review Fee	\$ 66.00 / hr
_____ Tank Only	\$132.00
_____ Renewable Operating Permit - 2 yrs	\$132.00

H.B. 14, passed by the legislature in the 2001 session, created a \$25.00 fee for all new underground wastewater treatment systems, beginning July 1, 2001. These fees will go into a new State restricted account to be used for the training, testing, and certification programs at the onsite training center.

Instructions

- _____ Sized for maximum water usage of _____ GPD.
- _____ Maximum depth to bottom of trench from original ground surface is _____.
- _____ Call before rock is added to trench.
- _____ Three foot maximum backfill over septic tank.
- _____ Maintain 100 foot separation from ditches.
- _____ Maintain 100 foot separation from wellhead.
- _____ Install in designated location.
- _____ Installation to begin only after approval of site conditions.
- _____ On-site instruction prior to installation.
- _____ Install according to construction plans reviewed by this office
- _____ Two inspections required for ALL At-Grade Systems, installation and final cover.
- _____ Operation & Maintenance required.
- _____ Washed 3/4 to 2/1/2 inch gravel must be used. 1 inch minus will not be accepted.
- _____ Water tightness test required. Tank must be full at time of inspection.
- _____ Notify WMHD of installer's name prior to beginning installation.

 W:\septic\Forms for the Internet\aplica, ww permit.wpd