Uinta County Planning

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Office Use Only

Rcvd By:_____

Date: _____

Permit No. _____

SMALL WASTEWATER DESIGN APPLICATION - $150.00

APPLICANT INFORMATION

Name:_____

Address:_____

City:_____

State & Zip:_____

Phone: _____

Email: _____

PROPERTY OWNER (if different from applicant)

Name:_____

Address:_____

City:_____

State & Zip:_____

Phone:_____

Email:_____

SYSTEM INSTALLER INFORMATION:

Name: _____Address:_____

Phone: _____Email: _____

PROPERTY INFORMATION:

Property Address:_____

Is the property vacant? ☐YES ☐NO T_____N R_____W Section:_____ Lot/Tract No._____

SUBDIVISION NAME (if applicable):_____Lot No._____Block:_____

PROPOSED SYSTEM IS A: ☐New System ☐Modified/Repaired System ☐Replacement System

PROPOSED SYSTEM WILL SERVE: ☐Single Family Home ☐Mobile Home ☐Multi-Family Home/ Duplex/Apt

SIGNATURES: The information presented in this application is true and correct to my knowledge. I understand that presenting incorrect information may result in my application being returned. *I certify that the above-described facility has been submitted in accordance with local, county and state statutes as required. Said facility shall be constructed as authorized under the provisions specified in the Wyoming Department of Environmental Quality, Water Quality Division, Rules and Regulations, Chapter 25. I authorize representatives from the Department of Environmental Quality/Water Quality Division and/or Uinta County, during regular business hours, to have access to and inspect the installed facilities prior to backfilling. Further, I understand that all residences and businesses require a physical address and I may be required to pay a fee to obtain a county-assigned address for structures related to this application.*

- Property Owner(s)***: _____ Date: _____
- Applicant (if not owner): _____ Date: _____

***Property Owner Signature(s) is/are required.

**** **BACKFILLING SYSTEM DISCLAIMER:** Once the permitted system is installed, you will need to contact the Planning Office at (307)783-0318 to schedule a final inspection ***BEFORE*** backfilling. *If the system is backfilled prior to final inspection, we can require the system to be unearthed.* Once the final inspection is complete, if approved, we will issue a Small Wastewater Facility Permit.

- Property Owner/Applicant:_____ Date:_____

*****County Planning Office Use Only*****

Design Approved: ☐ Design Denied: ☐ Permit No._____

- Compliance Officer:_____ Date:_____

SMALL WASTEWATER DESIGN PLAN

Water Supply

Private Well: ☐ Yes *(If yes, answer questions in Box 1)* ☐ No | Municipal Services: ☐ Yes ☐ No

Water Well to Septic Tank distance: _____ ft. (Must be a minimum of 50 feet) Water Well to Leach Field distance: _____ ft. (Must be a minimum of 100 feet) BOX 1

Soil & Site

Lot Size: _____ Square feet / Acres Ground Slope: _____ ft. / 100 or % Are all setbacks met ☐ Yes ☐ No

Design Perc Rate (min/inch):_____ | Loading Rate:_____ BOX 2 | Depth to Ground Water: _____ ft / in

Depth to Impermeable rock or bedrock: _____ ft / in Depth to Impermeable Clay layer: _____ ft / in

Septic Tank

Minimum Tank capacity:
- Up to 4 bedrooms: 1,000 gallons
- 5 Bedrooms: 1,150 gallons (*Add 150 gallons per each additional bedroom)

Tank Size to be Used: (gallons)

Manufacturer & Model Number: | **No. of Compartments:**

Tank Material: ☐ Concrete ☐ Fiberglass ☐ Thermoplastic ☐ Other (please describe): _____

Is this septic tank on the DEQ-approved list? If no, provide a tank diagram from the manufacturer. If you cannot locate a diagram from the manufacturer, complete "Basic Design Requirements for Septic Tanks Not on the DEQ-Approved List." ☐ Yes ☐ No ☐ Don't Know

House to septic tank distance: _____ ft. (10' minimum) Septic tank to leach field distance: _____ ft. (10' minimum)

Required Leach field Area

Unfinished Basement ☐ Yes (If yes, add two (2) to number of bedrooms) ☐ No Number of Bedrooms = _____

Non-Residential System: For Flow rates see Table 2. from Wastewater Engineering Treatment and Reuse, Metcalf and Eddy, 2003

1 Bedroom =150 gpd | 5 Bedroom = 550 gpd
2 Bedroom = 280 gpd | 6 Bedroom = 630 gpd
3 Bedroom = 390 gpd | *Add 80 gallons per day
4 Bedroom = 470 gpd | for each add'l bedroom

_____ (Gallons Per Day (gpd)) ÷ _____ (Loading Rate (BOX 2)) = _____ (Required Leachfield Area (ft2)) BOX 3

Chambered Design – Choose either Trench or Bed

** In all cases 4" diameter SDR 35 or Schedule 40 PVC pipe required.

Chamber Manufacturer | Chamber Model

_____ (Required Leach field Area (ft2) (BOX 3)) ÷ _____ (Equivalent Area sf/unit (see pamphlet)) = _____ (Minimum # of Chambers (Round Up))

Depth to be excavated: _____ (Must remain 4' above groundwater or bedrock)

Trench

_____ (Minimum # of Chambers) * _____ (Effective Length (see pamphlet)) = _____ feet (Minimum Combined Trench Length)

Your proposed design:

# of trenches to be used : _____

Dimensions of Trench(s): 1._____ X _____ 2. _____ X _____ 3. _____ X _____ 4. _____ X _____

Bed

_____ (Minimum # of Chambers) * _____ (Effective Length (see pamphlet)) = _____ feet (Total Chamber Length)

Your proposed design:

# of Chamber Rows to Use : _____

Dimensions of Bed: _____ wide X _____ long X _____ deep

Perforated Pipe Design – Choose either Trench or Bed

** In all cases 4" diameter SDR 35 or Schedule 40 PVC pipe required. Schedule 40 PVC required if crossing road or driveway**

Depth to be excavated: _____ ft./inches (Must remain 4' above groundwater or bedrock) Gravel Depth under pipe: _____ (6" min) over pipe: _____ (2" min)

Number of lateral lines: _____

What will cover the gravel? _____ (straw, building paper, etc.) Depth of Cover: _____ ft. / inches (12" minimum)

Trench

_____ ft. (Trench depth below pipe (0.5' minimum)) + _____ ft. (Trench depth below pipe (0.5' minimum)) + _____ ft. (Trench width (3' max)) = _____ (Absorptive Area Per Linear Foot of Trench (ft^2/ft))

_____ (Required Leach field Area (ft2) (BOX 3)) ÷ _____ (Absorptive Area per Linear foot of trench (ft^2/ft)) = _____ ft. (Total Trench Length)

Your proposed design:

# of trenches to be used : _____

Dimensions of Trench(s): 1._____ X _____ 2. _____ X _____ 3. _____ X _____ 4. _____ X _____

Bed

_____ ft. (Bed Width) * _____ ft. (Bed Length) = _____ (Total Bed Area (ft^2))

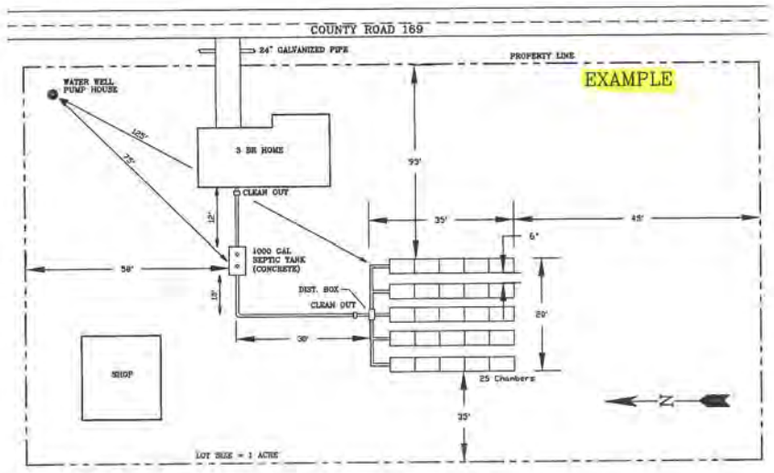
Distance pipe to bank: _____ ft./inches (30" max)

Distance between lateral lines: _____ ft./ inches (5'max)

Dimensions of Bed: _____ wide X _____ long X _____ deep

SITE PLAN DESIGN SKETCH

Example Site Plan:



Minimum Isolation Distance	From	Feet to Septic Tank or Equivalent	Feet to Absorption System
	Wells (includes neighboring wells)	50 feet	100 feet
	Public water supply wells	100 feet	200 feet
	Property lines/right of ways	10 feet	10 feet
	Building foundation(without foundation drains)	5 feet	10 feet
	Building foundation (with foundation drains)	5 feet	25 feet
	Potable water pipes	25 feet	25 feet
	Septic tank	--	10 feet
	Stream of surface body of water(including seasonal)	50 feet	50 feet
	Cisterns	25 feet	25 feet

-Draw your proposed site plan below. Please include measurements as seen in example-