Application for On-Site Sewage Facility Permit

All fields must be completed; print must be legible.

Address of Property: ________________________________________________________________________
Lot _______ Block _______ Subdivision ____________________________________________
Lot size/acreage ______________________

Property Owner: ________________________________________________________________ (_______) __________________ (owner phone number)

Water Source:  
❑ Private Well  ❑ Public Water Supply

Residential: No. of Bedrooms _______ No. of Bathrooms _______ Sq. Ft. _____________

Non-Residential: Type of Business ______________________________________________________

Estimated Water Usage: _________Gals/Day Average Number of Users/Day ________________

Site Evaluator: Name ________________________________
TNRCC# ___________________________ Phone (__________) _________________
Attach a copy of the site evaluation and site plan with this application.

Installer: Name ________________________________
TNRCC# ___________________________ Phone (__________) _________________

PROFESSIONAL DESIGN REQUIRED?: ❑ Yes ❑ No If yes, professional design attached: ❑ Yes ❑ No

Designer Name: ___________________________________ License Type and No. ______________________
Phone No. ___________________________________________ Other or Fax No. ________________________

Mailing Address: ____________________________________________________________________________
I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4” SCH 40 PVC)

Stub out to treatment tank:___________________________________________________________________________

Treatment tank to disposal system:___________________________________________________________________________

II. DAILY WASTEWATER USAGE RATE: \( Q = \) ____________________(gallons/day)

Water Saving Devices: ❑ Yes ❑ No

III. TREATMENT UNIT(S): ❑ Septic Tank ❑ Aerobic Unit

   A. Tank Dimensions: ___________________ Liquid Depth (bottom of tank to outlet): ___________________
      Size Proposed: ___________________ (gal) Manufacturer: ____________________________________________
      Material/Model #: ____________________________________________
      Pretreatment Tank: ❑ Yes Size: ______________(gal) ❑ No ❑ NA
      Pump/Lift Tank: ❑ Yes Size: ______________(gal) ❑ No ❑ NA

   B. Other ❑ Yes ❑ No If yes, please attach description.

IV. DISPOSAL SYSTEM:

   Disposal Type: _______________________________________________________________________________
   Manufacturer and Model: _______________________________________________________________________
   Area Proposed : _____________________________________________________________________ square feet

V. ADDITIONAL INFORMATION:

   NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

   A. Soil/Site evaluation       B. Planning materials (If Applicable)

   DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

   SIGNATURE OF INSTALLER OR DESIGNER: ___________________________ DATE: ____________

* A permit is required in order to install, construct, alter, extend, repair or operate any on-site sewage facility.
• No permit for installation or repair will be issued for a facility that is within 500 ft of Sanitary Sewer Service without permission from both Health Services and Engineering Services.
• Health Services must review and approve the site plan before the work begins. A signed copy of this application will be returned to the owner to authorize the construction or repair of the system.