



**Uintah County**  
133 S. 500 E.  
Vernal, UT 84078  
P: (435) 247-1160  
F: (866) 249-5255

**Duchesne County**  
409 S. 200 E.  
Roosevelt, UT 84066  
P: (435) 722-6310  
F: (866) 269-6335

## **APPLICATION FOR WASTEWATER CONSTRUCTION PERMIT DRAINFIELD ONLY INSTRUCTIONS**

**The wastewater drainfield area needs to be determined before any other plans are made. The following items must be completed before a construction permit 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.
  - a. (Well water will need to be tested prior to health department approval, approx. 4-6 week time frame)
4. Site Plan/plot plan submitted. This is a plot of the lot showing property lines with dimensions, house/structure location, driveway/parking area, location of onsite wastewater system, location of drinking water source and protection buffer for source. This must be signed by the property owner.
5. A certified individual must design the wastewater drainfield. (see list of certified individuals)
6. TriCounty Health Department requires that a registered or "In process" installer, install the onsite wastewater system. A homeowner may install their own onsite wastewater system if trained by TriCounty Health Department. A training fee of \$100.00 will apply. This training does not qualify a homeowner as an installer, it only allows you to install your own system. Please note that a \$100.00 fee will be assessed for each additional inspection due to incorrect installation.
7. Fill out the application completely. (See page 3).
8. Submit the following:
  - ☐ Application
  - ☐ Proof of drinking water (will serve letter, well permit, spring rights)
    - ☐ If more than one connection, will need a shared well/spring agreement.
  - ☐ Detailed system design (see page 2)
  - ☐ Plot Plan
  - ☐ An official floor plan of each level of the building
  - ☐ Fee (\$150.00 for conventional system, \$250.00 for deep trench or absorption bed systems. Non-refundable and subject to change)
  - ☐ Property/homeowner install training fee \$100.00
  - ☐ Current Tax I.D. Form (if information changed since Site Assessment done)

# DETAILED SYSTEM DESIGN INSTRUCTIONS

Plans must be prepared and signed by a state certified individual and include 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 must be legible.

## Materials

- Schedule, material, and size of pipe to be used
- Septic tank manufacturer, size of tank, and maximum burial depth of tank
- Type of gravel to be used ( $\frac{3}{4}$ " minimum to  $2\frac{1}{2}$ " maximum)
- Type of separation material to be used (straw or fabric)
- Type of chambers to be used: manufacturer, model, size

## Details

- Shall be drawn to scale (not to exceed 1 in = 30 ft), indicate scale used
- Must include risers, clean-outs, and sampling ports as required by rule
- Location and distance from water supply lines
- Location of private water source including 200' protection zone
- Location of 200' protection zone must be indicated on a County Plat showing property line, water source location and 200' in all directions with no source of contamination.
- Locations and distance of any watercourse, lake, pond, or reservoir within 200 ft
- Location and distance from curtain drains
- Location and distance of property lines
- Location of roadways, driveways, and parking areas
- Location of easements or right-of-ways affecting property
- Location and distance from and down slope, cut bank, or top of embankment
- Location of soil exploration and perc. test holes
- Location and size of replacement area
- Distance from any building foundation
- Distance between septic tank and trenches
- Distance between trenches and length of distribution lines
- Slope of building sewer (must not be less than  $\frac{1}{4}$ " per foot). Includes pipe from building to tank, and tank to drainfield.
- Slope of distribution laterals (should be level)
- If required on site assessment form, relative elevations must be provided. Indicate the original grade and trench bottom for both ends of each distribution lateral.

## Cross Section of Trench

- Depth and width of excavation
- Depth of pipe or chamber inlet
- Depth of filter material
- Separation material
- Depth of backfill
- Maximum dig depth of trenches

## Installation Instructions

- Please provide detailed installation instructions to enable owner or third party contractor to install the system. Examples: how to enter/exit chamber end caps, orientation of perforated pipe, etc.



**Uintah County**  
133 S. 500 E.  
Vernal, UT 84078  
P: (435) 247-1160  
F: (866) 249-5255

**Duchesne County**  
409 S.200 E.  
Roosevelt, UT 84066  
P: (435) 722-6310  
F: (866) 269-6335

## **APPLICATION FOR WASTEWATER CONSTRUCTION PERMIT DRAINFIELD ONLY**

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

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

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

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

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

Cellular Phone: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Email address : \_\_\_\_\_

### **SYSTEM DESIGNER:**

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

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

Cellular Phone: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Email address : \_\_\_\_\_

**SYSTEM INSTALLER:** (please X a box) ☐ Registered/In Process Installer ☐ Homeowner (training fee  
\$100.00)

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

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

Cellular Phone: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Email address : \_\_\_\_\_

### **DRINKING WATER SOURCE:**

- ☐ Well/Spring: (need to provide proof of water rights) Number of connection: \_\_\_\_\_  
☐ Public Water Connection: (need to provide a will serve letter stating availability)  
☐ Other: \_\_\_\_\_

**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 the property owner's signature**

### **HEALTH DEPARTMENT USE ONLY**

#### **Checklist**

Date Fee Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Permit #: \_\_\_\_\_

- \_\_\_\_ Site Assess Complete  
\_\_\_\_ Detailed System Design  
\_\_\_\_ Plot Plan  
\_\_\_\_ Building Floor Plan  
\_\_\_\_ Proof of Drinking Water  
\_\_\_\_ Current Tax I.D. Form  
\_\_\_\_ Fee