

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 # _____
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Site Address \_\_\_\_\_ Land Serial # \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Water Supply \_\_\_\_\_ Approved \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

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.
5. I understand that final approval of the installation will be given only after the system has been inspected by Health Department staff and all components are deemed compliant by rule.

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

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Issued \_\_\_\_\_ By \_\_\_\_\_ Final Inspection \_\_\_\_\_ By \_\_\_\_\_

Water Table \_\_\_\_\_ Max. Application Rate \_\_\_\_\_ gal/ft<sup>2</sup>/day Installed By \_\_\_\_\_

Septic Tank Size \_\_\_\_\_ Pumping Chamber Size \_\_\_\_\_ Total Absorption Area \_\_\_\_\_ Sq. Ft.

<b>Type of System</b>	<b>Fee</b>
_____ Conventional (includes absorption fields, and absorption beds)	\$ 375.00
_____ Deep-Wall Trench	\$ 400.00
_____ At-Grade	\$ 950.00
_____ Mound	\$ 850.00
_____ Packed-Bed Media	\$ 850.00
_____ Renewal	\$ 90.00
_____ Alteration	\$ 0.00
_____ Holding Tanks*	\$ 528.00
_____ On-Site Training Center* State Fee added	\$ 40.00
_____ Plan Review Fee (min 2 hours)	\$ 105.00 / hr
_____ Tank Only (plan review fee included)	\$ 290.00
_____ Renewable Operating Permit – 1yr.	\$ 90.00

H.B. 14, passed by the legislature in the 2001 session, created a \$40.00 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 by Level 3 State certified provider.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Must be installed by Level 2 State certified installer.

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