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. 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_____

WaterTable_____Max.ApplicationRate_____gal/ft2/day Installed 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 – 1yr.	$ 66.00

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 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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