

HASKELL COUNTY ONSITE WASTEWATER SYSTEM PERMIT

Per Haskell County Environmental Codes (approved by the state in 2007), this entire form must be completed and returned before work can begin on ANY wastewater system in the county. This is your county permit. (* Information must be given)

LANDOWNER INFORMATION	SYSTEM CONTRACTOR	SYSTEM LOCATION
*Name _____	* Name _____	* Sec. ____ Township ____ Range ____
*Address _____	* Address _____	Location _____
_____	_____	Lot Acres _____
*Phone _____	* Phone _____	Depth to Water _____
<input type="checkbox"/> Water Softener	<input type="checkbox"/> Jacuzzi	<input type="checkbox"/> Garbage Disposal
Residence served by: (check one)		
<input type="checkbox"/> Private Well	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> New Sys
		<input type="checkbox"/> Modified Sys (Replacing existing system)
Well Location: _____	Distance to Public Sewer _____	

System Design Information

1. Number of Bedrooms _____	Design Flow / Design Loading Rate = Total Absorption Area
2. Design Flow _____ Gallons/Day	_____ / _____ = _____ Square Ft.
3. Septic Tank Capacity _____ Gal.	Trench Width _____
4. Soil Characteristics _____	Absorption Area/Trench Width = Trench Length
5. <input type="checkbox"/> Soil Map <input type="checkbox"/> Perc Test	
6. Soil Loading Rate _____ Gal/Sq. Ft.	_____ / _____ = _____ Feet
7. Design Loading Rate _____ Gal/Sq. Ft.	Trench Length = _____ Feet
8. Type of System: <input type="checkbox"/> Rock, Pipe, Fabric Lateral <input type="checkbox"/> Chamber System	
9. Other Components: <input type="checkbox"/> Effluent Filter <input type="checkbox"/> Lift Station	
10. Alternative System, List Components: _____	

THIS FORM IS NOT COMPLETE WITHOUT THE SKETCH OF THE FINISHED SYSTEM AND THE SIGNATURE ON THE BACK

SITE MAP (FINISHED SITE)



The above sketch shows the locations of the units comprising the sewage disposal system. It shows distances from buildings, trees, garage, fence posts, etc.

CONSTRUCTION UNITS

<input type="checkbox"/> Septic Tank Capacity _____ Gals	<input type="checkbox"/> Effluent Filter
<input type="checkbox"/> Rock, pipe, fabric lateral _____ Ft.	<input type="checkbox"/> Lift Station
<input type="checkbox"/> Chamber lateral system _____ Ft.	
<input type="checkbox"/> PVC Sewer Pipe -- house to tank _____ ft + to distribution box _____ ft. total lateral feet _____ = _____ total pvc ft.	
<input type="checkbox"/> Other Components: _____ _____ _____ _____	

PERMIT NUMBER _____

Date Issued _____

Completion Inspector

Date