

# APPLICATION FOR SMALL WASTEWATER TREATMENT FACILITY (SWTF)

## JOHNSON COUNTY PLANNING DEPARTMENT

New \_\_\_\_\_ Replacement \_\_\_\_\_ Modification \_\_\_\_\_

Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_  
*Day Evening Cell*

Mailing Address: \_\_\_\_\_  
*Street Town State Zip Code*

Location of Facility: \_\_\_\_\_ Section \_\_\_\_\_, Township \_\_\_\_\_ Range \_\_\_\_\_  
*Quarter/Quarter*

Address at Site: \_\_\_\_\_

Subdivision: \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_

Single Family Home: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Will the basement be unfinished: \_\_\_\_\_

Multiple Family Dwelling: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Laundry Area Included: \_\_\_\_\_

Other Non-Commercial Use: \_\_\_\_\_ Specify: \_\_\_\_\_

Size Or Capacity: \_\_\_\_\_ Water Supply:  Municipal \_\_\_\_\_ (Name)  
 Private Well \_\_\_\_\_ SEO Well Number \_\_\_\_\_  
 Other: \_\_\_\_\_

Lot Size: \_\_\_\_\_ ft. X \_\_\_\_\_ ft. Lot Area: \_\_\_\_\_ sq.ft. OR \_\_\_\_\_ acres

Ground Slope: \_\_\_\_\_ Soil Type: \_\_\_\_\_

Percolation Test Results (ATTACH PERCOLATION TEST)

(1); \_\_\_\_\_ (2): \_\_\_\_\_ (3): \_\_\_\_\_ (4): \_\_\_\_\_ (5): \_\_\_\_\_ (6): \_\_\_\_\_

Depth to Seasonal Ground Water: \_\_\_\_\_ Depth to Bedrock or Impervious Layer: \_\_\_\_\_

Who and How were these determined: \_\_\_\_\_

Septic Tank Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Liquid Capacity: \_\_\_\_\_ Dimensions: (W) \_\_\_\_\_ (L) \_\_\_\_\_ (D) \_\_\_\_\_

Tank Material: \_\_\_\_\_ Number of Compartments: \_\_\_\_\_ Inlet and Outlet Type: \_\_\_\_\_

Bed: \_\_\_\_\_ Trench: \_\_\_\_\_ Other \_\_\_\_\_

Bed Dimensions: (W) \_\_\_\_\_ (L) \_\_\_\_\_ Trench Dimensions: (No.) \_\_\_\_\_, (W) \_\_\_\_\_, (L) \_\_\_\_\_

Depth of Gravel Below Pipe: \_\_\_\_\_ Infiltrative Surface Provided (sqft) \_\_\_\_\_

Depth from Bottom of Bed/Trench to Ground Surface: \_\_\_\_\_ Gravel Size: \_\_\_\_\_

I certify that the information included with this application is correct and true to the best of my knowledge. I will install and construct the system in accordance with the regulations governing sewage systems in Johnson County. I will also notify the Planning Department when the system is ready for final inspection, prior to covering.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I have inspected the system described in this permit and it has been constructed in accordance with the county small wastewater regulations. The system is now authorized to be covered up. Passage of the final inspection does not guarantee that the system will function properly.

\_\_\_\_\_  
DATE: \_\_\_\_\_

Johnson County WY, DEQ Local Delegated Authority/SWTF Administrator

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registered Engineer:

Engineering Firm:

## Application Attachments

All SWTF designs must be accompanied by:

1. Site Plan
  - a. Include distances from dwelling to septic tank
  - b. Includes distances from Tank to Disposal Field
  - c. All other appropriate distances for a complete site plan.
2. Percolation Test Procedure
  - a. Complete percolation test
3. Septic Tank profile—Septic Tank Manufacturer
4. Leachfield/Disposal Field configuration and profile
5. Name, Address, Telephone number of contractor installing the septic system
6. Other information deemed pertinent to the SWTF design.
  - a. Soils information available @ <http://websoilsurvey.sc.egov.usda.gov/App/HomePage.htm>