DIVISION OF ENVIRONMENTAL HEALTH
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UTAH COUNTY
HEALTH DEPARTMENT

APPLICATION FOR EXISTING ONSITE WASTEWATER SYSTEM REVIEW

Application Date: _____ / _____ / _____

Owner / Facility Name:	
Phone Number:	Email:
Property Address:	

City:		Zip:		County Area:	

Subdivision Name:		Plat Number:		Lot Number:	

Property Tax ID Number:
(This is not your Social Security Number)

** Application will not be accepted without the Property Tax ID Number **

☐ Residential	Number of Bedrooms:	☐ Non-Residential	Facility Type:

Source of Domestic Water:

Non-Public Water Only
** *(Must Be Completed)* **

☐	By checking this box, you are verifying the water being sampled by UCHD will be utilized as the source of potable water for the applicable building permit application.
☐	By checking this box, you are verifying the property has adequate water rights, availability, and perpetual access (as defined in Health Regulation 16-01) to the source of water proposed. You are also verifying that the source of water proposed has adequate quantity and flow for the purposes stated within this application.

Items To Be Submitted

☐ Current & Proposed Floor Plans

☐ Septic Records (If Available)

☐ Certain cases may require a statement and/or an as built drawing from a state certified Onsite Wastewater Designer

Comments: _____

➢ **Site evaluations and determinations must be performed by a certified onsite wastewater designer at applicant's expense.**

☐ By checking this box, I am verifying that the septic system that is currently on my property, is functioning properly and is maintained regularly.

➢ **UCHD hereby gives notice that aerial drone technology may be used throughout the approval process. By signing this form you are agreeing to the use of aerial drone technology by UCHD on the property for approval purposes.**

Signature of The Applicant / Designee: _____

** *APPLYING FOR A PERMIT DOES NOT GUARANTEE PERMIT WILL BE ISSUED* **

**** FOR OFFICE USE ONLY ****

Date of Payment:		Payment Received By:		Amount Paid:	$
Filed In:		☐ Cash	☐ Check	☐ Credit / Debit	
File Number:			Check #:	Approval Code:	