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| --- |
| **SECTION A. GENERAL INFORMATION** |

**System Owner Information:** All fields required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| 1. (Name of System Owner) | | | | |
|  | | | | |
| 2. (Facility Name) | | | | |
|  | | |  |  |
| 3. (System Owner Mailing Address) (Street) | | |  | (County) |
|  |  |  |  |  |
| (City) | (State) | (Zip code) |  | (Applicant/Owner Email) |
|  | | |  |  |
| 4. (Contact Person, if different from #1) | | |  | (County) |
|  |  |  |  |  |
| (Day time Phone Number) | (State) | (Zip code) |  |  |

**Management Agency, if different from System Owner:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | | |
| 9. (Name of Representative) | | |  | (Title) | | | | |
|  | | | | | | | | |
| (Management Agency Name) | | | | | | | | |
|  |  |  | | |  |  | | |
| (Daytime Phone Number) |  | (FAX Number) | | |  | (Email) | | |
|  | | |  |  | | |  |  |
| (Mailing Address) (Street) | | |  | (City) | | | (State) | (Zip code) |

**Operator, if different from System Owner:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | |  | | |  |
| 10. (Operator Name) |  | | |  | |  |  | | |  |
|  | |  |  | | | | |  |  | |
| (Day time Phone Number) | |  | (FAX Number) | | | | |  | (Email) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or revocation of the operating permit.* | | | | |
|  |  |  |  |  |
| Signature |  | Date |  | Printed Title |
| Applications must be signed by either the owner, a principal executive officer, or a ranking elected official. For state facilities, this is typically a program manager. | | | | |
|  | | | | |
| Printed Name | | | | |

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| **SECTION B. SYSTEM INFORMATION** |

1. Identify all facilities discharging to the LOSS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Single Family Homes** | **Apartments**  **or Condominiums** | **Mobile Homes or RV Spaces**  (# spaces) | **Restaurants** (# seats) | **Businesses** (explain and list # of people or units served) | **Institutions**  (such as schools, churches, camps) |
| Number of Units Served |  |  |  |  |  |  |

Please list any other facilities served:

2. LOSS treatment facility and drainfield location(s)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Address: | | |  | | | |  | |  | | | |
|  |  | | (street) | | | | (City) | | (County) | | | |
| Township(Twn) | |  | | Range (Rng) |  | Section (Sec) | |  | 1/4 |  | 1/4 |  |

Drainfield Site(s): For each site: include the name that is commonly used for the drainfield site indicate owner for each site (if different from owner in Section A.1); address or parcel number for each site; and give the square footage of each drainfield site(s). If you have more than 3 drainfields please attach additional sheet *(Label the additional sheet Attachment B.2)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site 1** | Common Name: | |  | | | Site Owner: | | |  | | | Sq. Ft. | |  | |
| Address or Parcel #: | |  | | Twn |  | | Rng |  | | Sec |  | | ¼ / ¼ | |  |
| **Site 2** | Common Name: | |  | | | Site Owner: | | |  | | | Sq. Ft. | |  | |
| Address or Parcel #: | |  | | Twn |  | | Rng |  | | Sec |  | | ¼ / ¼ | |  |
| **Site 3** | Common Name: | |  | | | Site Owner: | | |  | | | Sq. Ft. | |  | |
| Address or Parcel #: | |  | | Twn |  | | Rng |  | | Sec |  | | ¼ / ¼ | |  |

3. LOSS design and operation manuals available for this LOSS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Type of Manual, Report or Plan | Date of most recent document | Is there a copy at the facility? |
|  | Engineering Report |  | YES  NO |
|  | Operation and Maintenance Manual |  | YES  NO |
|  | Plans and Specifications |  | YES  NO |
|  | Record Drawings (“as-builts”) |  | YES  NO |

4. LOSS Design Data, if known:

|  |  |
| --- | --- |
| Peak Daily Design Flow (gallons/day): |  |
| Design Number of Residences or Equivalent Residential Units: |  |
| Began Operation (month/year): |  |
| Last Major Upgrade (month/year): |  |
| Planned Upgrades (month/year): |  |

5. Attach a simple drawing of the LOSS. Show all treatment processes and flow direction.  
*(Label the drawing as Attachment B.5)*

Schematic attached?  YES  NO

6. Identify the type and number of unit processes at this facility.

| **Treatment** | **Unit Process** | 🗹 | **Number of Units** | **Capacity/Size (gallons or ft2)** |
| --- | --- | --- | --- | --- |
| Lift stations | In collection system |  |  |  |
|  | Septic Tanks - community |  |  |  |
| Tanks | Septic Tanks - individual |  |  |  |
|  | Pump Tanks |  |  |  |
|  | Siphon Tanks |  |  |  |
|  | Grease Interceptors |  |  |  |
|  | Other *(specify)* |  |  |  |
|  | Recirculating Gravel Filter (RGF) |  |  |  |
| Treatment | Sand Filter |  |  |  |
|  | Aerobic Treatment Unit (ATU) |  |  |  |
|  | Other *(specify)* |  |  |  |
|  | None |  |  |  |
|  | Drainfield - pressure |  |  |  |
| Subsurface Treatment or | Dripfield |  |  |  |
| Disposal | Drainfield - gravity |  |  |  |
|  | Sand Lined Trench or Bed |  |  |  |
|  | Mound |  |  |  |
|  | Other *(specify)* |  |  |  |
|  | Chlorination |  |  |  |
| Disinfection | Ultraviolet |  |  |  |
|  | Other *(specify)* |  |  |  |
|  | None |  |  |  |

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| **SECTION C. SEWAGE QUANTITY/QUALITY** |

1. Average influent flow for the maximum month:       gallons/day

2. How and where are influent and effluent flow measured?

3. Attach flow records (gallons/day) for the last year unless this is a new system. New systems should provide estimates or design information. *(Label it Attachment C.3)*

4. If you do not have flow records, please explain why. *(Label it Attachment C.4)*

5. Do you take samples?  YES  NO

What do you sample?  Influent  Effluent  Ground water  Surface water

What constituents do you sample for?  BOD5  CBOD5  TSS  Total Nitrogen

Total Phosphorus  Fecal Coliform  Other

Please submit sampling results you may have for the last 2 years. *(Label it Attachment C.5)*

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| **SECTION D. Site Assessment** |

***NOTE:*** *The local library and local city or county planning offices may be helpful in providing the information required in this section.*

1. Submit a vicinity map showing the location of the service area, treatment facility, drainfield area and the surrounding areas. *(Label it Attachment D.1)*

1. Determine if the drainfield(s) is located in, or is within 1,000 feet of, any of the following sensitive areas. Check all that apply.

Marine Recovery Area (MRA)  Critical Aquifer Recharge Area (CARA)

Sole Source Aquifer  Shellfish Protection District

100 Year Flood Plain  500 Year Flood Plain

Wellhead Protection Area (WHPA)  Classified Shellfish Growing Area

Other

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Date Application Received | Application/Permit No. |
| Date Application Accepted | Date Fee Paid |