



Project Name: _____

Parcel ID: _____

Requirements for Onsite Wastewater Permit

The following is a list of required documentation that must be submitted to the Summit County Health Department prior to any plans being reviewed and permits being issued. Please provide the health department with all required documents. SCHD will not initiate the review process until all required documents are received.

**** Incomplete applications will not be processed, please address all of the following line items. *
Questions please contact the Coalville office or e-mail rpacer@summitcounty.org, or thale@summitcounty.org***

- | | <i>Office Use:</i> | <i>Date</i> | <i>Initial</i> |
|---|--------------------|-------------|----------------|
| 1. Site Evaluation performed by health department during the perc test | | _____ | _____ |
| 2. Apply for permit and submit the following documents by going to summitcountyhealth.org | | | |
| Click on permits, then onsite wastewater/septic permit. | | | |
| 2A. ** Perc test results (Performed by certified individual). | | _____ | _____ |
| 2B. ** Septic System Design (Created by certified individual). | | _____ | _____ |
| 2C. ** Pdf file of house plans | | _____ | _____ |
| 2D. Culinary Water documentation | | _____ | _____ |
| -Private Well: 1. Approval Letter from Utah Division of Water Rights
2. Well Drillers Log | | | |
| -Public System: Approval letter issued from the proposed water system | | | |
| 3. Plan review completed by SCHD | | _____ | _____ |
| 4. Septic permit fee (\$355 conventional, \$435 Pressurized, \$630 Alternative). | | _____ | _____ |
| 5. Waste Water Permit approved and issued | | _____ | _____ |
| 6. Final system inspection and approval | | _____ | _____ |
| 7. ** Alternative system only: Maintenance agreement (required for CO permit) | | _____ | _____ |

Notes:

COALVILLE OFFICE
85 North 50 East, PO Box 128
Coalville, UT 84017
435-336-3234
Fax: 435-608-4383

PARK CITY OFFICE
650 Round Valley Drive
Park City, UT 84060
435-333-1500
Fax: 435-608-4489

KAMAS OFFICE
110 North Main
Kamas, UT 84036
435-783-3161
Fax: 435-608-4434