|  |
| --- |
| **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 |

|  |
| --- |
| **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  |