



ON-SITE SEWAGE FACILITY (OSSF)
TECHNICAL INFORMATION

PERMIT ADDRESS _____	
PROFESSIONAL DESIGN REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROFESSIONAL DESIGN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
I. SEWER (<i>House Drain</i>)	
TYPE AND SIZE OF PIPE _____	
SLOPE OF SEWER PIPE TO TANK _____	
II. DAILY WASTEWATER USAGE RATE	
Q = _____ GALLONS PER DAY	
WATER-SAVING DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
III. TREATMENT UNIT	
<input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> AEROBIC UNIT	
A.	
TANK DIMENSIONS _____	LIQUID DEPTH <i>(BOTTOM OF TANK TO OUTLET)</i> _____
SIZE REQUIRED _____	SIZE PROPOSED _____
MANUFACTURER _____	MATERIAL/MODEL # _____
PRE-TREATMENT TANK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	IF YES, SIZE IN GALLONS _____
B.	
OTHER <i>(ATTACH DESCRIPTION)</i> _____	
IV. DISPOSAL SYSTEM	
TYPE _____	
AREA REQUIRED _____	AREA PROPOSED _____
DESIGNER'S SIGNATURE _____	LICENSE NO _____
	DATE _____