

BELL COUNTY PUBLIC HEALTH DISTRICT

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. SETTING A TANK CONSTITUTES CONSTRUCTION. UNAUTHORIZED CONSTRUCTION CAN RESULT IN LEGAL ACTION.

OWNER'S NAME: _____

SITE LOCATION: _____

Professional design required? YES NO

I. **SEWER:** (House Drain):

Type and size of pipe: _____ Slope of sewer pipe to tank: **1/8 per ft. minimum**

II. DAILY WASTEWATER USAGE RATE:

Q = _____ (gallons / day)

Water Saving Devices? YES NO

III. TREATMENT UNIT:

A: **SEPTIC TANK:**

Size Required _____ Size proposed: _____

B: **AEROBIC:**

▪ Manufacturer: _____ Model# _____

▪ Size Required: _____ Size Proposed _____

▪ Pretreatment Tank? YES NO

C: **OTHER:** _____

(Please attach description)

IV. DISPOSAL SYSTEM:

TYPE: _____

▪ Area Required: _____ Area Proposed: _____

V. ADDITIONAL INFORMATION:

NOTE: THE FOLLOWING INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED

- 1) Site Evaluation
- 2) Planning Materials / Design