

Homeowner's Sewage Treatment System Guide and Record Keeping Folder

Permit #: _____ Date Issued: _____

Property Owner: _____

Address: _____

Household Information (⊗ mark all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> # of bedrooms: _____ | <input type="checkbox"/> garbage disposal | <input type="checkbox"/> water treatment |
| <input type="checkbox"/> # of occupants: _____ | <input type="checkbox"/> dishwasher | <input type="checkbox"/> private water supply (well/spring) |
| <input type="checkbox"/> public water supply | <input type="checkbox"/> hot tub/Jacuzzi | <input type="checkbox"/> other: _____ |

System Description

Septic Tank Size: number of tanks: _____ total gallons: _____

Pump Tank Size: gallons: _____

Aerobic Treatment Unit Size: gallons: _____ make/manufacturer: _____

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> one compartment | <input type="checkbox"/> fiberglass | |
| <input type="checkbox"/> multi-compartment | <input type="checkbox"/> concrete | <input type="checkbox"/> other: _____ |

Soil Treatment System Dimensions:

- | | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> trenches | <input type="checkbox"/> mound | <input type="checkbox"/> gravelless | <input type="checkbox"/> drip distribution |
| <input type="checkbox"/> chamber | <input type="checkbox"/> at-grade | <input type="checkbox"/> below grade | <input type="checkbox"/> spray distribution system |
| <input type="checkbox"/> other: _____ | | | |
| <input type="checkbox"/> LPP | | NPDES permit #(if applicable): _____ | |

System Dimensions: _____

Accessories:

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> septic tank effluent filter | <input type="checkbox"/> siphon | <input type="checkbox"/> distribution box |
| <input type="checkbox"/> diversion valve | <input type="checkbox"/> pump | <input type="checkbox"/> other: _____ |

Additional Treatment Components:

- | | | |
|---|--|---|
| <input type="checkbox"/> peat filter | <input type="checkbox"/> disinfection | <input type="checkbox"/> constructed wetland |
| <input type="checkbox"/> intermittent sand filter | <input type="checkbox"/> recirculating sand filter | <input type="checkbox"/> media filter synthetic |
| <input type="checkbox"/> other: _____ | | |

Designer (engineer, site evaluator): (Firm/Company) _____

Address: _____ Telephone: _____

Installing Contractor: (Firm/Company) _____

Address: _____ Telephone: _____

Septic Tank Pumper: (Firm/Company) _____

Address: _____ Telephone: _____

REV1: 4/6/2018



**Lake County
General Health District**

Public Health
Prevent. Promote. Protect.

