

## **Alternate Wastewater System Information**

To apply for an Alternate Wastewater System permit (as indicated on your Site Assessment report), the following requirements must be met:

- The application & plot plan must be prepared by only a state certified individual.
- The construction must be certified to adhere to the approved plans and alternate wastewater system construction standard by a state certified individual.
- Submit \$325.00 fee
- Submit signed & notarized, the document, “To Applicants Considering Alternate Wastewater Systems” (enclosed)
- If installing an Earth Fill system, you must call TriCounty Health Department for an inspection after the soil is placed.
- Submit a copy of your deed specifying the following language:

“This deed is in accommodation of  
R317-4-11.1 Utah Administrative Code  
(2/15/2000) in notification that an  
Alternate Wastewater System is permitted  
for installation.”

For more information, call (435) 781-5473.

### **ALTERNATE WASTEWATER SYSTEM OR FRACTURED SHALE WASTEWATER SYSTEM AGREEMENT**

(Utah Administrative Code 2/15/00)

Earth Fill Systems R317-4-11.2

“At Grade” Systems R317-4-11.3

There is a higher fee for Alternate Wastewater System because State Law requires additional inspections compared to conventional wastewater system.

The TriCounty Health Department will inspect the property at six-month intervals the first year after installation, then annually for at least five years to determine system status.

All individual wastewater systems are the responsibility of the property owner to adhere to maintenance needs including financial liability for repair, modification or replacement of a failed system.

Property Owner: \_\_\_\_\_

(Please print)

Proposed Property for Alternate WWS: \_\_\_\_\_

\_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

Property ID#: \_\_\_\_\_

I certify that I own the above referenced property.

I understand as property owner, I am responsible for financial liabilities of the proposed wastewater system.

I will allow TriCounty Health Department personnel out of doors access to my property at reasonable hours to determine status of the wastewater system. I will notify TriCounty Health Department of any evidence of failure of the system.

Property Owner's Signature: \_\_\_\_\_

Notary Signature and Stamp: \_\_\_\_\_

Date: \_\_\_\_\_