

**GREGG COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL
UNAUTHORIZED CONSTRUCTION CAN RESULT IN PENALTIES

PROPERTY OWNER'S NAME _____

New House /w New System Replace System Upgrade System

Professional design required: Yes No If Yes, professional design attached: Yes No

I. SEWER (House Drain)

Type and Size of Pipe _____ Slope of Sewer Pipe to Tank _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (GALLONS PER DAY)

Water Saving Devices: Yes No

III. TREATMENT UNIT: SEPTIC TANKS AEROBIC UNIT OTHER

Tank Dimensions _____ Liquid Depth(Bottom Of Tank to Outlet) _____
(R & H or L, W & H) (Inches)

Size Required _____ (Gallons) Size Proposed _____ (Gallons)

Manufacture _____ Model # _____ Distributor _____

Type Material of Tank _____ Pretreatment Tank Required: Yes No

III. DISPOSAL SYSTEM

Type: Conventional Panels Surface Application Drip Gravelless Pipe E-Z Lay LPD

Area Required _____ Area Proposed _____

IV. ADDITIONAL INFORMATION

Note: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETE.

Site Evaluation
Planning Materials
Design

THE ATTACHED CHECKLIST DETAILS THOSE ITEMS THAT MUST BE ADDRESSED UNDER EACH OF THESE CATEGORIES.

Designer's Signature

Registration #

Date rev 2