



# OSWAP Approval Form

Requires County Signatures for (1) Onsite System Plan and (2) Final Inspection AND Applicant's Signature

County \_\_\_\_\_ County Permit # \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Property Address: \_\_\_\_\_

Problem with Existing System: \_\_\_\_\_

Type of Building (check one box below):

Home: # Bedrooms (BRs) \_\_\_\_\_  Other: (e.g. Shop, Office, etc) \_\_\_\_\_

System Design Flow in Gallons/Day: (150 x # BRs, if a home) \_\_\_\_\_

Soil Evaluation: Is Site Suitable for Soil Absorption System?  Yes  No

Soil Test Method (check one or both boxes):  Percolation Test  Soil Evaluation  Other: \_\_\_\_\_

Soil Absorption Rate: \_\_\_\_\_ (Minutes/Inch) Other Factors: \_\_\_\_\_

Limiting Layer Depth: \_\_\_\_\_ Limitation Type (Rock, Impervious Clay, Groundwater): \_\_\_\_\_

**Onsite Wastewater System Plan:**

1. Septic Tank: # Tanks \_\_\_\_\_ Total Capacity (Gallons) \_\_\_\_\_ Material (Concrete, Plastic) \_\_\_\_\_

2. Secondary Treatment System:

a. Soil Absorption: Type (e.g. Chamber, Gravel, etc) \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

b. Other: (e.g. Sand filter or media filter, etc) Type \_\_\_\_\_ Size \_\_\_\_\_

Brand (if applicable) \_\_\_\_\_ Additional Treatment (if applicable) \_\_\_\_\_

3. Is This a Surface Discharging System?  Yes  No Is NPDES Permit Applied For?  Yes  No

4. **System Management Plan (required)** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

(1) **Plan Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
County Representative

**Final Inspection:**

(2) **Completed System Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
County Representative