



# 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

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**Final Inspection:**

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

County Representative