

# PERMIT FOR SMALL WASTEWATER FACILITIES

Legal R \_\_\_\_\_ W, T \_\_\_\_\_ N, Sec. \_\_\_\_\_

Subdivision \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_

Size of Lot \_\_\_\_\_ Slope \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR CONTRACTOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUILDING \_\_\_\_\_ BEDROOMS \_\_\_\_\_

Residence, Cabin, Trailer, Other

TYPE OF SEC. TREATMENT \_\_\_\_\_

(Standard Trench Tile Field System) Aerobic, Armon, Seepage bed, other)

SEPTIC TANK DIM. & GALLONS \_\_\_\_\_

MATERIAL \_\_\_\_\_ Lineal Feet \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

(Concrete, steel, block, fiberglass, precast, other)

**SPECIAL INSTRUCTIONS—Contact this office prior to covering sewage system for final approval.**

REMARKS \_\_\_\_\_

APPLICANT SIGN \_\_\_\_\_

I certify that the installation of the sewage disposal system described in this permit will be in compliance with the Minimum Standards for Small Wastewater Facilities.

PRELIMINARY APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

FINAL APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

This is not a guarantee of the sewage system, but a statement of compliance with present standards only.

**GOSHEN COUNTY PLANNING OFFICE**

**Courthouse**

**Torrington, WY 82240**

**Phone (307) 532-5002**

Well location to:

Septic tank \_\_\_\_\_ Final Disposal \_\_\_\_\_

Other \_\_\_\_\_

Soil Type \_\_\_\_\_

Perc. Test \_\_\_\_\_ I.D. No. \_\_\_\_\_

Depth of Rock:

Above Pipe: \_\_\_\_\_ Below Pipe: \_\_\_\_\_

D.E.Q. No. \_\_\_\_\_