

**Application for On-Site Waste Water Disposal System (Residential)**  
**Butte County Planning Office**

(All Information must be completed. Where not applicable, note N/A)

DATE: \_\_\_\_\_

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

Fee Pd \_\_\_\_\_

Date Issued \_\_\_\_\_

**Owner Information**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Site Information**

Street Address \_\_\_\_\_

Legal Description:

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Quarter Section \_\_\_\_\_

Subdivision \_\_\_\_\_ Tract \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Other Legal Information? \_\_\_\_\_

Lot Acreage/Square Feet \_\_\_\_\_ If less than 40 acres, the design and location must be approved by a SD Professional Engineer. See Engineer Information

**Type of Structure**

Residential \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Garbage Disposal \_\_\_\_\_

# People Residing \_\_\_\_\_ # Bathrooms (Full) \_\_\_\_\_ (Partial) \_\_\_\_\_

**Water Source:** \_\_\_\_\_

**Contractor Information**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

DENR Certified \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Engineer Information**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

South Dakota Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**FOR INSTALLATION OF:**  New System  Renovation  Other \_\_\_\_\_

## Designer Information

Type of Soil \_\_\_\_\_  
(General Description or Soil Survey Classification if available)  
# of Percolation Test Holes \_\_\_\_\_ depth \_\_\_\_\_  
Results (mpi) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (addl). \_\_\_\_\_  
Design Percolation Rate \_\_\_\_\_  
Depth to Bedrock (min 8' required) \_\_\_\_\_ Depth to Water Table (min 8' required) \_\_\_\_\_  
Slope of Ground at Drain field \_\_\_\_\_

### ***Provide percolation test data for review by inspector***

Design Flow/Daily Flow \_\_\_\_\_  
Septic Tank size (Gallons) \_\_\_\_\_ Material \_\_\_\_\_  
Manufacturer/Supplier \_\_\_\_\_ Phone # \_\_\_\_\_  
Location (City, State) \_\_\_\_\_

Type of Disposal Field:

Absorption Bed \_\_\_\_\_ Absorption Trench \_\_\_\_\_ Mound System\* \_\_\_\_\_  
\* Requires DENR approval

Absorption Area Required (sq feet) \_\_\_\_\_ Area Provided (sq ft) \_\_\_\_\_

Construction Materials:

Chambers \_\_\_\_\_ Manufacturer \_\_\_\_\_ # Units \_\_\_\_\_

Gravelless Pipe \_\_\_\_\_ Manufacturer \_\_\_\_\_ Diameter \_\_\_\_\_ Length \_\_\_\_\_

Rock & Pipe \_\_\_\_\_

Depth of rock below pipe \_\_\_\_\_ Trench Width \_\_\_\_\_ Length \_\_\_\_\_

Other System (Describe, ie Mound) \_\_\_\_\_

***Provide sketch showing the dwelling, length of pipe runs, septic tank, number of trenches or dimensions of absorption bed, depth of trenches or bed, and other system measurements.***

Setbacks/Minimum Distances from:

Property Line/Right of Way \_\_\_\_\_ Dwelling/Structure \_\_\_\_\_

Waterline \_\_\_\_\_ Well \_\_\_\_\_ well depth \_\_\_\_\_

Cistern/Reservoir \_\_\_\_\_ Waterway/Stream/Lake (high water mark) \_\_\_\_\_

A onsite waste water disposal system is not permitted to installed in floodplain, unless it is approved by the DENR

## Approvals

*This form and all other signatures must be complete at time of inspection.*

Owner \_\_\_\_\_ Date \_\_\_\_\_

Certified Installer \_\_\_\_\_ Date \_\_\_\_\_

Professional Engineer \_\_\_\_\_ Date \_\_\_\_\_  
(when required)

Inspector \_\_\_\_\_ Date \_\_\_\_\_

***This application expires after one hundred and eighty days if there is no septic system installed and post report submitted to the county Planning Office***