



SMALL WASTEWATER FACILITY PERMIT (SWF)

APPLICATION

**Planning & Development Department
Building Division**

200 S. Willow St. | ph: (307) 733-7030
P.O. Box 1727 | fax: (307) 739-9208
Jackson, WY 83001 | www.tetonwyo.org

Please submit SWF applications to the Teton County Planning & Development Department, **not** Engineering.
Please type or fill out this application in ink only.

SITE LOCATION.

Physical Address: _____
Lot, Subdivision: _____
PIDN: _____

DIRECTIONS TO PROPERTY.

OWNER.

Name: _____
Mailing Address: _____
City, State: _____ ZIP: _____
Email: _____ Phone: _____

APPLICANT/AGENT.

Name: _____
Mailing Address: _____
City, State: _____ ZIP: _____
Email: _____ Phone: _____

PROPOSED SEPTIC INSTALLATION CONTRACTOR. *Installation of septic systems is prohibited from November 15 to April 15 with the exception of emergency repairs to existing systems.*

Name: _____
Mailing Address: _____
City, State: _____ ZIP: _____
Email: _____ Phone: _____

Name _____
SWF _____
BDR _____
GEC _____
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STRUCTURE INFORMATION.

Number of Bedrooms: _____ Number of Bathrooms: _____
Finished Floor Area: _____ Unfinished Floor Area: _____
Location and future plans for unfinished floor area: _____

_____ Will there be a basement drain more than 3 feet below grade? If yes, explain below:

WATER SUPPLY INFORMATION. *Indicate the proposed drinking water source (private well, public water system, spring, etc.)*

GROUND WATER AND SOILS INFORMATION. *A percolation test may be required. The Engineering Department will notify the applicant if percolation tests are required. If required, percolation tests must be located where disposal field will be located; see instructions for test procedures.*

*Soil information, including the depth of the highest seasonal ground water in the above section, is **critical** for accurate and proper system design. If this information is not accurate, the septic system will not function with any degree of duration or could contaminate drinking water wells in the general area. Determination of ground water level should be performed during the 2nd week of June. Local engineering or surveying firms can assist with this information prior to application submittal.*

An 8' profile hole is required to be dug by a backhoe to show soil types & depths. This may also show existing or recent high groundwater levels. The profile hole is to be dug adjacent to the proposed leach field location. If accurate high groundwater levels are not known or the proper time window for (highest level) is unavailable, worst case levels will be required for elevated designs. This will allow the permitting process to continue at various times during the submittal season.

If your property has seasonal groundwater levels less than 8 feet, an elevated leach field will more than likely be required. This is because a minimum 4' separation distance between the bottom of the leach area and the annual height of the groundwater table is required.

All small wastewater facilities must be designed by a Licensed Wyoming Engineer.

Percolation rate (minutes per inch in each hole)

Hole 1 _____ Hole 3 _____ Hole 5 _____
Hole 2 _____ Hole 4 _____ Hole 6 _____

Tests conducted by: _____
Results of Profile Hole (8' depth): _____

Ground water

Depth to highest seasonal ground water: _____ Date of test: _____
Test conducted by: _____
Method used: _____

Soil Type Classification

_____ Coarse sandy soil with gravels and cobble (list the percent of gravel)
_____ Fine to sandy loam _____ Sandy loam to loam

_____	Loam to sandy clay loam	_____	Clay loam
_____	Silty clay loam	_____	Clay

SEPTIC TANK AND DISPOSAL AREA. *Septic tanks are required to be Wyoming DEQ-approved and have a two-compartment precast concrete chamber.*

Septic Tank

Manufacturer: _____

Materials: _____

Liquid Capacity: _____

Width: _____ Length: _____ Depth: _____ Diameter: _____

Pumping Tank

Manufacturer: _____

Materials: _____

Liquid capacity: _____

Width: _____ Length: _____ Depth: _____ Diameter: _____

Pump

Manufacturer: _____ Model No.: _____ Horsepower Rating: _____

Pump Capacity: _____ Total Pumping Head: _____

Disposal Area

Number of infiltrators: _____ Bed dimension: _____

Number of trenches: _____ Is it on a side hill? _____

Infiltrator Model No. _____

Width: _____ Length: _____ Depth: _____ Diameter: _____

System designer: _____

Designer firm: _____

Type of Fill _____

Depth Above Natural Grade: _____ Percolation Rate of Fill Material: _____

SUBMITTAL REQUIREMENTS.

- _____ A fee due at the time of submittal - \$50 for repairs, permit renewal, or to change existing permit specifications; \$300 for new systems.
- _____ Letter of Authorization if the applicant is other than the property owner.
- _____ Copy of the warranty deed.
- _____ One set of complete drawings scaled on sheets no larger than 24" x 36".
- _____ Two sets of complete drawings scaled on sheets no larger than 11" x 17".

The undersigned acknowledges that the preceding information is true and correct and that false or misleading information will invalidate the application and/or subsequent permit. The undersigned acknowledges that the septic permit must be approved prior to obtaining a building permit.

Signature of Applicant

Date

Print Name

Title

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GRAVITY SYSTEM CONFIGURATION

FINAL INSPECTION.

Septic Tank Capacity: _____

Pump Tank Information: _____

Absorption Area (sq. ft.): _____ Dimensions: _____ X _____

Layout _____

Installation: _____ Installation Approved

_____ Installation Not Approved

Inspector: _____ Date of Inspection: _____

Comments: _____

