



CONSTRUCTION AUTHORIZATION/DISCHARGE AUTHORIZATION
Notice of Intent to Discharge For An On-site Wastewater Treatment Facility
Type 4.02 General Permit (Chamber System)

Property Address: _____

Property Owner Information: Name _____ Address _____ _____	<u>For Department Use Only</u> PCDS Activity No.: _____ Permitted Design Flow: _____ gallons per day
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Name and Address of Facility (if different from above): _____

Parcel No: _____ Number of: Bedrooms ____ Fixture Units ____ Manufactured/mobile Site built (SFR)

Characteristics of Wastewater Source(s): <input type="checkbox"/> Typical sewage from a single family residence <input type="checkbox"/> Typical sewage from multiple residences <input type="checkbox"/> Sewage source(s) other than residential _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">T</td> <td style="width:33%; text-align: center;">R</td> <td style="width:33%; text-align: center;">S</td> </tr> <tr> <td>Latitude</td> <td>.</td> <td></td> <td>N</td> </tr> <tr> <td>Longitude</td> <td>.</td> <td></td> <td>W</td> </tr> </table>		T	R	S	Latitude	.		N	Longitude	.		W
	T	R	S										
Latitude	.		N										
Longitude	.		W										

Certification
 I hereby certify that this Notice of Intent to Discharge and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete.
 *(Please type your full name)

Name Signature Owner Owner's Representative Date

The applicant has two years from the approval date of this document to complete construction and submit the applicable verification documents specified in A.A.C. R18-9-A301(D)(f).

CONSTRUCTION AUTHORIZATION

Tank Size Required: _____ gal. Distribution Boxes: _____ Soil Absorption Rate (SAR): _____ gal/day/ft²
 Absorption Area per Chamber: _____ ft² Effective Absorption Area: Required: _____ ft² / Design: _____ ft²
 Chamber Make/Model: _____ Total Chambers: _____ Chambers per Trench: _____
 Trenches: Number _____ Length (ft) _____ Depth (ft): (min) _____ / (max) _____ Spacing (ft): _____

Notes: _____

For Department Use Only

Approved By	Signature	Title	Approval Date
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DISCHARGE AUTHORIZATION

Constructed per originally approved plans
 As-Built Plans: _____

Tank Size Installed: _____ gal. Chamber Make/Model: _____ Total Chambers: _____
 Trenches: Number: _____ Length (ft): _____ Depth (ft): _____ Spacing (ft): _____ Chambers per Trench: _____
 Effective Absorption Area Installed (ft²): _____

Notes: _____

Approved By	Signature	Title	Approval Date
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