

CITY OF CASPER – NATRONA COUNTY



475 S. Spruce • (307) 235-9340 • Fax (307) 237-2036 • Casper, Wyoming 82601-1759

**APPLICATION TO CONSTRUCT, INSTALL OR MODIFY
SMALL WASTEWATER SYSTEMS**

PERMIT # _____

A. General Information

1. Owner's Name _____ Phone _____

2. Site Address _____

3. Legal Address _____
(Subdivision and Tract)

T_____ N, R_____ W, Sec._____, ¼ Sec.

4. Mailing Address _____

5. Residential _____ Number of Bedrooms _____

6. Type of Commercial Facility _____

7. Natrona County Zoning Certificate # _____

B. Site Information

1. Lot size: _____ ft. by _____ ft. Area: _____ sq. ft., or _____ acres

2. Water supply: community _____ private _____

3. Percolation data _____

C. Proposed Site Plan: must be submitted prior to construction for approval by our department.

This system will be constructed in accordance with the permit specifications and regulations governing wastewater facilities within Natrona County **(TO BE INSTALLED BY PROPERTY OWNER OR CERTIFIED INSTALLER ONLY)**. Twenty-four (24) hour notice shall be given to the Casper-Natrona County Health Department prior to back filling the system. Any permit issued within the 208 or 201 Facilities Planning Area boundary will be considered temporary. Hook-ups will be required when public sewerage is within three hundred feet (300').

Signature of owner verifying that the above general information is true and correct.

Date (Permit expires one year from Date of issuance.)

SEPTIC SYSTEM CONSTRUCTION SPECIFICATION
INSTALLATION OR MODIFICATION OF SMALL WASTEWATER SYSTEMS

CC-NCHD PERMIT #: _____
WYO D.E.Q. PERMIT #: _____

D. Site Information

1. Ground Slope: _____ ft./ft. or % _____
2. Soil Type: _____
3. Percolation test data attached? Y _____ N _____ Min/inch _____
4. Depth to restrictive layer / groundwater _____ feet.
How was this determined? _____ Date _____

E. Septic Tank Information

1. Size of Tank: _____ gallons (1000 minimum)
2. Material: _____
(Pre-cast concrete, fiberglass, etc.)

F. Secondary Treatment System: Original _____ Repair Area _____

1. Type of System: _____
2. Trenches (N^o, L / W): _____
3. Seepage Bed (L / W): _____
4. Depth of Gravel / Stone: _____

Distribution: _____

G. Installer Information

Agent or Contractor: _____
License N^o: _____
Business Address: _____

Mailing Address

H. Remarks: (To include description of unusual site conditions or limitations, reasons for varying from the standard regulations, special request, ext.)
