HUNT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL SERVICES

ON-SITE SEWAGE TECHNICAL INFORMATION SHEET

(To be turned in with design. All blanks are to be completed or marked NA if not applicable)

Property Owner's Name:911 address of site:		
Based upon site evaluation of this site, disposal systems that you consider app Conventional (rock) ET Beds Aerob	propriate for this site ing Chambers pic w/spray	:
☐ Gravel-less Pipe ☐ Aerob	oic w/drip	
1. Treatment Tanks/ Pump Tank U a) Aerobic Treatment: Pretreatment Tank: gallo Secondary Treatment:	<u>ns</u> Manufacture: gallons/day	
		Model:
Pump Tank:gallons		
b) Non-Aerobic Treatment: Pur Tank #1: Manufacture: Tank #2: Manufacture: Tank #3 Manufacture:	mp Tank (If required)
2. Disposal System: Subsurface: Pipe size and length: If applicable, type and size of med Disposal area required:	dia used in trenches:	
Surface:		
Disposal area required:	Disposal area	a proposed:
3. Based on estimated peak flow, do	•	
Designers Signature	Registration#	Date