



475 South Spruce
 Casper, WY 82601
 Phone: 307-235-9340
 Fax: 307-237-2036
 Website: www.casperhealth.com

**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.)