Owner Information for Wastewater Treatment and Collection Systems

Legal Name of System(s) or Facility:

Legal Name of System Owner:

Legal Mailing Address of the System:

Physical Address of System (If different from the legal mailing address)**:**

Owner's Official Contact for System (name):

Title/Position of Official Contact:

Contact Information:

Phone: **Fax:** **Email:**

Contact's Address:

(If different from the legal mailing address of the system)

Type of Treatment System (Check appropriate)**:**

☐ Lagoon (Applies only to evaporative, nondischarging lagoons)

Secondary Treatment (describe):

Advanced Treatment/Tertiary (describe):

☐ Large Soil Absorption System
☐ Gravity Flow Common Septic Tank Gravity Flow Drainfield
☐ Pressurized Drainfield
☐ Common Septic Tank & Pump Station
☐ Gravity Flow Drainfield (Pump is only for elevation gain)
☐ Pressurized Drainfield
☐ Individual Septic Tank/Ind Pump Station
☐ Common Gravity Flow Drainfield
☐ Common Pressurized Drainfield

☐ N/A (Collection system feeds into system owned by separate entity)

The information above refers to (Check one)**:**

☐ WW Treatment System
☐ WW Collection System
☐ Both WW Treatment & Collection Systems

New form submittal due to change of system owner, system name, etc.: ☐ **Yes** ☐ **No**

Owner or Owner Representative's Signature:

Print name and Title: **Date:**

Return completed form to the Idaho Department of Environmental Quality
1410 N. Hilton St. Boise, ID 83706
Attn: Amy Southern or Amy.Southern@deq.idaho.gov

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