



Owner Information for Wastewater Treatment and Collection Systems

(Print Clearly)

Legal Name of System(s) or Facility: _____

Legal Name of System Owner: _____

Legal Mailing Address of System: _____

Physical Address of System: _____
(If different from 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 legal mailing address of system)

Type of Treatment System (Check appropriate): Lagoon (Applies only to evaporative, non-discharging 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

Information above refers to (Check one):

WW Treatment System

WW Collection System

Both WW Treatment & Collection System

New form submittal due to change of system owner, system name, etc.

Yes No

* * * * *

Owner or Owner Representative's Signature: _____

Title: _____

Date: _____