

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(2.7) 285-3826

**PROPERTY ADDRESS**

Town Or Plantation: Portland, Louisiana  
Street: Irish Ave  
Subdivision Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: Money First: Stephen

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (if Different): Portland, Louisiana

PORTLAND 414: TOWN COPY

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0.12.41

**Owner/Applicant Statement**

I certify that the information furnished is correct to the best of my knowledge and understanding and that only this permit is required for the Local Plumbing Inspector to issue a Permit.

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector's Signature: D. Addicks Date Approved: 5-1-91

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM  
2.  REPLACEMENT SYSTEM  
3.  EXPANDED SYSTEM  
4.  SEASONAL CONVERSION  
5.  EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1.  NO RULE VARIANCE REQUIRED  
2.  NEW SYSTEM VARIANCE (Attach New System Variance Form)  
 REPLACEMENT SYSTEM VARIANCE (Attach Replacement System Variance Form)  
3.  Requiring Local Plumbing Inspector Approval  
4.  Requiring State and Local Plumbing Inspector Approval

**INSTALLATION IS:**

COMPLETE SYSTEM  
1.  NON-ENGINEERED SYSTEM  
2.  PRIMITIVE SYSTEM (Includes Alternative Toilet)  
3.  ENGINEERED (+2000gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

4.  TREATMENT TANK (ONLY)  
5.  HOLDING TANK  
6.  ALTERNATIVE TOILET (ONLY)  
7.  NON-ENGINEERED DISPOSAL AREA (ONLY)  
8.  ENGINEERED DISPOSAL AREA (ONLY)  
9.  SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

REAR FAILING SYSTEM INSTALLED: \_\_\_\_\_  
THE FAILING SYSTEM IS:  
1.  BED 3.  TRENCH  
2.  CHAMBER 4.  OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

SIZE OF PROPERTY: \_\_\_\_\_ ZONING: \_\_\_\_\_

**TYPE OF WATER SUPPLY**

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE #)**

**TREATMENT TANK:**

1.  SEPTIC  Regular  Low Profile  
2.  AEROBIC

SIZE: \_\_\_\_\_ GALS

**WATER CONSERVATION**

1.  NO IE  
2.  LOW VOLUME TANK  
3.  SEPARATED LAUNDRY SYSTEM  
4.  ALTERNATIVE TOILET

SPECIFY \_\_\_\_\_

**PUMPING**

1.  NOT REQUIRED  
2.  MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)  
3.  REQUIRED

DOSE: \_\_\_\_\_ GALS

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS ETC.)**

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: \_\_\_\_\_ CONDITION: \_\_\_\_\_

DEPTH TO LIMITING FACTOR: \_\_\_\_\_

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.  SMALL  
2.  MEDIUM  
3.  MEDIUM LARGE  
4.  LARGE  
5.  EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

1.  BED \_\_\_\_\_ Sq Ft  
2.  CHAMBER \_\_\_\_\_ Sq Ft  
 REGULAR  H 20  
3.  TRENCH \_\_\_\_\_ Linear Ft  
4.  OTHER: \_\_\_\_\_

DESIGN FLOW: \_\_\_\_\_ (GAL LONS/DAY)

**SITE EVALUATOR STATEMENT**

On \_\_\_\_\_ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: \_\_\_\_\_ SE#: \_\_\_\_\_ Date: \_\_\_\_\_

\* Local Plumbing Inspector's Signature & Local Evaluation Waiver under a Local Option