## 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:			
<ul> <li>Based upon site evaluation of disposal systems that you co</li> <li>Conventional (rock)</li> <li>ET Beds</li> <li>Gravel-less Pipe</li> </ul>	nsider appropria	ate for this site: hambers	□ Low-Pressure Dosing
<ol> <li>Treatment Tanks/ Pum         <ul> <li>Aerobic Treatment:</li> <li>Pretreatment Tank:</li> </ul> </li> </ol>	-		
Secondary Treatment Manu Pump Tank:ga	: <u>gallon</u> ufacture: <u></u> allons Manufa	s/day ncture:	Model:
<b>b) Non-Aerobic Treatm</b> Tank #1: <u>gallons</u> Ma Tank #2: <u>gallons</u> Ma Tank #3 <u>gallo</u>	nent:	Гwo Compartm nk (If required)	ents)
If applicable, type and s Disposal area required:	size of media use	ed in trenches:	40, Sdr 26, Other proposed:
<ul><li>Surface: Disposal area required:</li><li>3. Based on estimated pea</li></ul>		-	proposed: I to be addressed? Yes No