

# Fairfield Town

Utah County, Utah

## Septic Feasibility Study Application

### Applicant Information

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Property Information

Property Owner(s) (if different from applicant): \_\_\_\_\_  
Parcel Number: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Acreage: \_\_\_\_\_  
Zoning: \_\_\_\_\_

### Project Information

Proposed Use: \_\_\_\_\_  
Number of Bedrooms (if residential): \_\_\_\_\_  
Estimated Daily Water Usage (GPD): \_\_\_\_\_  
Type of Structure (residential, commercial, etc.): \_\_\_\_\_

### Septic System Details

Type of System Proposed: \_\_\_\_\_  
Soil Percolation Test Performed? (Yes/No): \_\_\_\_\_  
Date of Percolation Test: \_\_\_\_\_  
Name of Licensed Engineer or Designer: \_\_\_\_\_  
Utah Professional License Number: \_\_\_\_\_

### Required Attachments

- Site Plan showing proposed septic system location, property lines, structures, wells, and water sources.
- Soil Percolation Test Results.
- Engineer's or Designer's Report and System Specifications.
- Any Additional Documentation Required by the Town or Utah County Health Department.

\*\* This Application is for any Property using Septic Systems\*\*

**Acknowledgment & Signature**

I hereby certify that the information provided is true and correct to the best of my knowledge. I understand that submission of this application does not guarantee approval and that additional information may be requested.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Application fees paid
  - ☐ Utah County Health Department Approval Number \_\_\_\_\_
  - ☐ Zoning: \_\_\_\_\_
  - ☐ Site Plan showing
  - ☐ Soil Test Results.
  - ☐ Engineer’s or Designer’s Report and System Specifications.
  - ☐ Any Additional Documentation Required by the Town
  - ☐ Building Department: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_
- Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- ☐ Total Fees: \_\_\_\_\_ Paid: \_\_\_\_\_
- ☐ Check #: \_\_\_\_\_
- ☐ License #: \_\_\_\_\_

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Title	Signature	Date
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