



SMALL WASTEWATER FACILITY PERMIT (SWF) APPLICATION

Planning & Building Services Department

Building Division

200 S. Willow St. Phone : (307) 733-3959
P.O. Box 1727 www.tetoncountywy.gov
Jackson, WY 83001

Please check all that apply and fill in the blanks:

<input type="checkbox"/>	Residential	_____	# of bedrooms
<input type="checkbox"/>	Commercial	_____	gal/day
<input type="checkbox"/>	Repair		

Check box if this is for a failing system.

For Office Use Only

GEC _____ BDR _____ SWF _____

Please submit **stand-alone SWF applications** to the Teton County Engineering Department at 320 S. King St. If this application is part of a Building Permit submission, please bring it to your take-in appointment.

All applications and site plans must be emailed to permits@tetoncountywy.gov before delivering to the Building or Engineering Department. Please use fillable PDF in lieu of handwritten application.

SITE LOCATION: (please provide map if difficult to find)

Physical Address: _____

Lot, Subdivision: _____ PIDN: _____

OWNER: A copy of the Warranty Deed or Contract of Sale must accompany this application.

Name: _____ Phone: _____
(must agree with Deed)

Mailing Address: _____ City, State: _____

Email: _____ ZIP: _____

APPLICANT/AGENT: If the applicant is other than owner, a **notarized** Teton County Planning & Development [Letter of Authorization](#) must accompany this application. Only the owner or his/her authorized agent may sign the application, correction list or permit.

Name: _____ Phone: _____

Mailing Address: _____ City, State: _____

Email: _____ ZIP: _____

DESIGN ENGINEER: All small wastewater facilities must be designed by a licensed Wyoming Professional Engineer.

Name: _____ WY License #: _____

Email: _____ Phone: _____

DESCRIPTION OF PURPOSE OR CONCISE NARRATIVE (EXPLAIN IF FAILED SYSTEM):

STRUCTURE INFORMATION:

Number of Bedrooms: _____ Number of Bathrooms: _____
System Design Flow: _____ gal/day Gravity or Pressure dose: _____
Is design sized for future capacity? _____ Lift station to sewer collection system? _____

WATER SUPPLY INFORMATION: *Indicate the proposed drinking water source (private well, public water system, spring, etc.)*

GROUNDWATER AND SOILS INFORMATION: *Must provide with application (see [Teton County SWF Regulations](#) for requirements).*

Percolation rate (minutes per inch in each hole):

Hole 1 : _____ Hole 2: _____ Hole 3: _____
Hole 4 : _____ Hole 5: _____ Hole 6: _____

Tests conducted by: _____
Results of Profile Hole (8' depth): _____

Groundwater:

Depth of highest seasonal groundwater: _____ Date of test: _____
Test conducted by: _____
Method used: _____

Soil Type Classification:

_____ Coarse sandy soil with gravels and cobble (list the percent of gravel)
_____ Fine to sandy loam _____ Sandy loam to loam
_____ Loam to sandy clay loam _____ Clay loam
_____ Silty clay loam _____ Clay

Soil types classifications conducted by: _____

SUBMITTAL REQUIREMENTS:

	A fee due at the time of submittal – Public Works Fee Schedule .
	Letter of Authorization if the applicant is other than the property owner.
	A copy of the Warranty Deed.
	One set of legible complete SWF design drawings scaled on 11" x 17" paper.
	One PDF set of scaled design drawings and SWF application with all other attachments emailed to permits@tetoncountywy.gov (no larger than 25MB)

I certify that I have read and examined this application and know the same to be true and correct. All provisions of the laws and ordinances governing this work will be complied with whether specified herein or not. The granting of this permit does not give authority to violate or cancel the provisions of any state or local law regulating grading or the performance thereof.

Signature of Applicant

Date

Print Name

Title

Questions about SWF Permit Applications should be directed to the Engineering Department (307-733-3317).