

**Town of Castle Valley  
Septic Permit Application**

Lot # \_\_\_\_\_

Applicant \_\_\_\_\_ Application Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

**This permit must be submitted and approved before construction of septic system begins.**

- STEPS:**
- 1) Contact Southeastern Utah Health Department (SEUHD) for site visit (435-259-5602).
  - 2) Complete percolation test and/or soil evaluation according to SEUHD guidelines.
  - 3) Obtain design approval from SEUHD.
  - 4) Submit SEUHD approved design with this application to the Town of Castle Valley (TCV) for zoning approval before construction begins (435-259-9828).
  - 5) A copy of the final approved SEUHD application must be submitted to TCV before a residential building permit can be approved.

**SETBACKS:**

Septic systems must be at least 50 feet from easements and property lines.

Septic systems must be a minimum of 100 feet from ALL neighbors' wells (200 feet is recommended).

Septic systems must be 100 feet from ALL neighbors' septic systems.

Proposed # bedrooms \_\_\_\_\_

Proposed Setbacks: From road easement \_\_\_\_\_ From near side property \_\_\_\_\_

6) Applicant provides:

- a) Castle Valley Building Information Sheet--initialed and signed by applicant (available on website).
- b) Plot plan drawn to scale shall include:
  1. Lot #, name, address, phone #, and signature of lot owner and contractor.
  2. Property lines, road easement lines and minimum setback lines measured to scale.
  3. Location of well, septic system and all connections on applicant's lot with setback distances.
  4. Location of wells and septic systems on adjacent properties with setback distances.
  5. Existing structures (designate use) with setback distances with setback distances.
  6. Proposed construction (designate use) with setback distances with setback distances.
- c) Copy of SEUHD pre-approved septic system design signed by SEUSD Sanitarian.
- d) \$15 (check payable to the "Town of Castle Valley")

7) Approval:

SEUHD Sanitarian \_\_\_\_\_ Date \_\_\_\_\_

Applicant (or Contractor) \_\_\_\_\_ Date \_\_\_\_\_

Building Permit Agent \_\_\_\_\_ Date \_\_\_\_\_