



**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](http://www.tetoncountywy.gov)  
Jackson, WY 83001

Check box if this is for a failing system.

<b>For Office Use Only</b>			
Fees Paid _____	Credit Card _____	Cash _____	Check # _____
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  
**Please type or fill out this application, completely.**

**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: \_\_\_\_\_ (must agree with Deed) Phone: \_\_\_\_\_  
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 - \$50 for repairs, permit renewal, or to change existing permit specifications; \$300 for new systems.
	<a href="#">Letter of Authorization</a> 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 SWF design drawings emailed to <a href="mailto:permits@tetoncountywy.gov">permits@tetoncountywy.gov</a> (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).**

*This Section is for Office Use Only*

**FINAL INSPECTION:**

**PHOTOS TAKEN**

Septic Tank Capacity: \_\_\_\_\_

Pump Tank Information: \_\_\_\_\_

Absorption Area (Sq. Ft.) \_\_\_\_\_ Dimensions: \_\_\_\_\_ X \_\_\_\_\_

Layout: \_\_\_\_\_

Installation: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Inspector: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certification Received: \_\_\_\_\_

DRAFT