

**APPLICATION FOR A STATE OPERATING PERMIT –
DOMESTIC WASTEWATER DISPOSAL SYSTEM WITH NO DISCHARGE**

State Operating Permit (SOP) MSU _____
(Permit number assigned by State)

APPLICANT: (Please type or print)

Name of Company or Person that will own system:

Owner's Contact Person: _____

Telephone Number (include area code):

Mailing Address: Number & Street (P. O. Box):

City: _____ State: _____ Zip: _____

Facility Name & Location: Name: _____

Street: _____ City: _____

County: _____ Section, Township & Range: _____

Latitude (Deg., Min., Sec.) _____

Longitude (Deg., Min., Sec.) _____

Estimated Wastewater Flow (gallons/day): _____
(Indicate number of people, seats, etc. upon which the flow is estimated.)

Attachments Required for New Applications (Reapplicants need only complete above and sign)

Attach a photocopy of the USGS Quad Map showing site location.
Maps can be obtained from the Mississippi Office of Geology: 601-961-5523

Attach plans and specifications of proposed wastewater system, including a scale drawing and rationale for the size of treatment units. The design must be in accordance with MDEQ siting criteria and, otherwise, the MS Department of Health *Regulations Governing Individual Onsite Wastewater Disposal* or other recognized design manual. A registered engineer must stamp the plans for flows over 1500 gallons/day.

Attach needed soil boring report(s), describing soil texture and depth to high water table and restrictive horizon. Borings may be done by the MS Department of Health or engineer.

I certify I am familiar with the information contained in this application and that to the best of my knowledge and belief it is true, accurate and complete.

Signature¹

Date Signed

Printed Name¹

Title

¹Application must be signed by owner, official or representative in accordance with State Wastewater Regs, 1.II.C
8/13/12