

**City of Box Elder  
Planning and Zoning Department**

420 Villa Drive, Box Elder, SD 57719

Phone: 923-1404 Fax: 923-4264 www.boxelder.us

**SEWER & WATER  
PERMIT**

Ordinance # 494

**Application must be filed at least 24 hours prior to the start of work.**

<b>Installation Location:</b>	
Installation Contractor: _____	Date: _____
Contractor mailing address: _____	Phone: _____
City, state, and zip code: _____	
SD Plumbing Contractor #: _____	Local License # _____
SD Installer's License #: _____	

**Type of work** (check all that apply):

- New Sewer Service Line
- New Water Service Line
- New On-site Wastewater System
- Private Well for Irrigation Purposes Only (State certified well digger must drill well)
- Sewer Service Line Repair
- Water Service Line Repair
- On-site Wastewater System Repair

**This Application form must be accompanied by the following as required:**

- Proof of required State & Local Licenses.
- Proof of Water & Sewer Impact & Tap fee collection.
- A scaled & dimensioned site plan of the property showing the placement and type of service lines being installed or repaired or the on-site wastewater system location & drain field.
- A non-refundable Sewer & Water Permit Application Fee of \$20.00.
- A non-refundable Late Application Fee, in addition to the Sewer & Water Permit Application Fee, of \$100.00 if work begins before Permit issuance.

**I understand that it is a Class II Misdemeanor to perform work without the proper State & Local Licensing and certify that the above information is accurate and correct.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Print Applicant name

**Call 923-1404 and ask for Michelle for inspection before excavation is back filled**

**FOR CITY USE ONLY**

Date received: \_\_\_\_\_  
Received by: \_\_\_\_\_

BP #: \_\_\_\_\_  
GC #: \_\_\_\_\_

<b>Water Connection/Tap</b>	
Size of Tap: _____	Use of Water: _____
Size & Kind of Pipe: _____	
<b>Sewer Connection/Tap</b>	
Size of Tap: _____	Use of Premises: _____
Size & Kind of Pipe: _____	
<b>Inspection Date:</b> _____	<b>Inspected by:</b> _____

City of Box Elder  
**On-Site Wastewater System Construction Permit Application**  
 City of Box Elder Water Department (605) 923-1404

Form has been completely filled out.       Site plan shows all necessary items described below.

**Owner/General Contractor** \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

complete address \_\_\_\_\_

**Certified Installer** \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

complete address \_\_\_\_\_

**Legal Description** \_\_\_\_\_ Section \_\_\_\_\_ Twn \_\_\_\_\_ Range \_\_\_\_\_

Parcel size \_\_\_\_\_ acres      Water Source:  Well     Public/community     Cistern      Well depth \_\_\_\_\_ ft.

**System Information**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Trench System | <input type="checkbox"/> 4" Perforated Pipe               | <input type="checkbox"/> 6" or more but less than 12"                  |
| <input type="checkbox"/> Bed System    | <input type="checkbox"/> Infiltrator System (20% reduct.) | <input type="checkbox"/> 12" or more but less than 18" (20% reduction) |
| <input type="checkbox"/> Mound System  | <input type="checkbox"/> 10" Gravel-less pipe             | <input type="checkbox"/> 18" or more but less than 24" (34% reduction) |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____                      | <input type="checkbox"/> 24" or more (40% reduction)                   |

# Bedrooms \_\_\_\_\_

Garbage Disposal \_\_\_\_\_ (yes/no)  
 Tank Size \_\_\_\_\_ gallons  
 Percolate Rate \_\_\_\_\_ min/inch  
 Depth to bedrock \_\_\_\_\_ feet

**Setbacks**

Required drainfield size \_\_\_\_\_ sq. ft.  
 Required drainfield size with reduction \_\_\_\_\_ sq. ft.

Septic Tank Absorption Area  
 Wells, cisterns, reservoirs \_\_\_\_\_  
 Lakes, streams, wetlands \_\_\_\_\_  
 Pressurized water lines \_\_\_\_\_  
 Dwelling, occupied bldg. \_\_\_\_\_  
 Property lines \_\_\_\_\_

Owner/General Contractor \_\_\_\_\_  
Print Name                      Signature                      Date

Certified Installer \_\_\_\_\_  
Print Name                      Signature                      Date

The proposed site plan and sewage disposal specifications have been reviewed for the proposed system.

The system \_\_\_\_\_ Does \_\_\_\_\_ DoesNot \_\_\_\_\_ meet with the approval of the Planning Department.

\_\_\_\_\_ Issue Date

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Environmental Planner

\_\_\_\_\_ Expiration for Extension

**Percolation Test Information**

	Test Hole #1		Test Hole #2		Test Hole #3	
Inch 1		Minutes		Minutes		Minutes
Inch 2		Minutes		Minutes		Minutes
Inch 3		Minutes		Minutes		Minutes
Inch 4		Minutes		Minutes		Minutes
Inch 5		Minutes		Minutes		Minutes
Inch 6		Minutes		Minutes		Minutes
Inch 7		Minutes		Minutes		Minutes
Inch 8		Minutes		Minutes		Minutes
Inch 9		Minutes		Minutes		Minutes
Inch 10		Minutes		Minutes		Minutes
Inch 11		Minutes		Minutes		Minutes
Inch 12		Minutes		Minutes		Minutes
Average		Minutes/inch		Minutes/inch		Minutes/inch

Average of all three holes \_\_\_\_\_ Minutes/inch (Transfer this number to page 1 of this form)

Person completing percolation testing \_\_\_\_\_  
Print Name Signature

**8-foot Soil Profile Information**

1 foot	
2 foot	
3 foot	
4 foot	
5 foot	
6 foot	
7 foot	
8 foot	

Remarks

Person completing soil profile information \_\_\_\_\_  
Print Name Signature

**SPECIFICATIONS VERIFIED THROUGH FIELD INSPECTION  
OF INSTALLED SYSTEM**

Date of inspection \_\_\_\_\_

Number of Finished Bedrooms: \_\_\_\_\_

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

Distance from Building to Septic Tank: \_\_\_\_\_

Square Feet of Drain Field: \_\_\_\_\_

System Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISTANCE FROM:**

Property Lines: \_\_\_\_\_ Surface Water: \_\_\_\_\_

Ground Water: \_\_\_\_\_ Bedrock: \_\_\_\_\_

Well: \_\_\_\_\_ Dwelling: \_\_\_\_\_

Cistern: \_\_\_\_\_ Other: \_\_\_\_\_

Installed On-Site sewage disposal system has been reviewed on  
This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

The system \_\_\_\_\_ Does \_\_\_\_\_ Does Not meet with the approval of the  
Public Works Department.

\_\_\_\_\_  
Public Works Inspector