Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Division of Environmental Quality
P O Box 501304 Saipan, MP 96950-1304
670-664-8500/01 670-664-8540 (fax)
environment@deq.gov.mp www.deq.gov.mp

INDIVIDUAL WASTEWATER DISPOSAL SYSTEM (IWDS) PERMIT APPLICATION

IF YOU WISH TO CONSTRUCT A SINGLE FAMILY HOME/DUPLEX SEPTIC SYSTEM:

1. Contract for a percolation test on your property in the area you wish to construct the leaching field.
2. Complete the "Septic System Design Worksheet" attached to this application.
3. Design your septic tank in accordance with Northern Mariana Islands Administrative Code (NMIAC) § 65-120-601 of the regulations.
4. If you have chosen to use a leaching field to dispose of your wastewater, design your leaching field in accordance with the requirements of (NMIAC) § 65-120-825 of the regulations.
5. Make sure that your septic tank and leaching field are located on your property in accordance with the criteria established in (NMIAC) § 65-120-801 of the regulations. Be sure to pay special attention to **water wells** in your area.
6. Complete the two-page application form and submit to DEQ with a check for $75.00. If your application is complete, DEQ will decide on your septic system permit application within 30 calendar days. If it is not complete, it will take longer than 30 days. It is therefore important for you to be sure that all applicable information is provided, and that you complied with the design standard referenced above.

IF YOU WISH TO CONSTRUCT A COMMERCIAL/ALL OTHERS SEPTIC SYSTEM:

1. Follow the six (6) steps listed above, except that the application fee is $450.00.
2. The construction drawings and design calculations shall be certified ("stamped") by a professional Civil Engineer licensed by the Board of Professional Licensing to practice in the CNMI.
3. A topography of the project site, showing contour lines drawn at 1-foot intervals approved by the Director, and floor elevation of the existing or proposed building(s) to be served by the proposed wastewater treatment system. Indicate reference elevation point (benchmark).

IWDS (SEPTIC TANK) CHECK LIST

1. [ ] Fill out section 1 thru 5 on the IWDS permit.

   Note: Signature of the applicant only. If the representative signs, there shall be a written letter or document stating that the applicant has given the authorization to his/her representative to sign for him or her.

2. [ ] Percolation test results which require proof of witness by DEQ inspector and soil logs.

3. [ ] $75.00 permit fees for Single Family/Duplex application

4. [ ] $450.00 permit fees for All Others (Commercial, Multi-Residential, and Industrial)

5. [ ] $0.25/gal. plant capacity for OWTS treatment plants other than septic systems.

6. [ ] Completed septic system design worksheet.

7. [ ] Vicinity map (location of property).

8. [ ] Site plan (plot plan, per NMIAC § 65-120-301 of the regulation).

9. [ ] IWDS (septic tank, leaching field, or holding tank) detail drawing.

10. [ ] Delineation of property boundaries and lot number.

11. [ ] Lease or other title document must be provided with the application.

12. [ ] Floor plan of the existing or proposed building(s).

13. [ ] DEQ Earthmoving and Erosion Control permit (copy).

14. [ ] IWDS (septic tank, leaching field, or holding tank) construction plans certified by a licensed CNMI Professional Civil Engineer (NMIAC Wastewater Treatment & Disposal Regulation Chapter 65-120; §65-120-330 Certification Requirements).*
15. [ ] Design calculation for septic tank and leaching field that is certified by a licensed CNMI Professional Civil Engineer (NMIAC 65-120-330).*

*** Note**: Certification not needed for single or duplex system.

INDIVIDUAL WASTEWATER DISPOSAL SYSTEM (IWDS)

Under the Inter-Governmental Organization Act, and the Environmental Protection Act, the Division of Environmental Quality is Responsible for permitting all individual wastewater disposal systems (septic systems and non-CUC wastewater treatment plants).

When IS AN IWDS PERMIT REQUIRED?

1. For all residents and developers/owners of commercial or multi-residential developments NOT connected to the central wastewater collection and treatment system. No one is exempt. This includes so-called "packaged wastewater treatment plants."

2. For projects Exempt CRM Major Siting projects, an IWDS must be granted, BEFORE the start of construction. DEQ has established the policy of not issuing earthmoving permits until the applicant submits an approval IWDS permit application.

WHAT IS THE COST OF AN IWDS PERMIT?

1. An IWDS permit application shall be accompanied by check for $75.00 for Single Family/Duplex or $450.00 for commercial/All Others.

HOW LONG SHOULD IT TAKE FOR YOU TO GET YOUR PERMIT?

1. From the time DEQ receives a completed application, a decision on the permit Application should take four (4) weeks. Residential septic system permits have priority in review process.

WHAT IS REQUIRED IN AN IWDS PERMIT APPLICATION?

1. A percolation test where the leaching field is planned. The percolation must be scheduled at least two (2) days in advance with DEQ staff and must be performed by a DEQ Certified Percolation Tester.

2. A site plan of the project area including all existing and proposed structures, proposed disposal system, property boundaries, water wells, public right of way, easements and access roads.

3. Vicinity Map showing adjacent streets with names and other landmarks that will help DEQ personnel to locate the project site.

4. A fully completed permit application form signed by the applicant.

IWDS PERMIT APPLICATION

(please type or print clearly)

FOR DEQ USE ONLY

APPLICATION NUMBER: RECEIPT NUMBER:

DATE RECEIVED: RECEIVED BY:

APPLICATION FEES: $75.00 SINGLE FAMILY/DUPLEX APPLICATION
$450.00 ALL OTHERS (MULTI-RESIDENTIAL, COMMERCIAL, INDUSTRIAL)
$0.25/GAL CAP FOR TREATMENT PLANTS OTHER THAN SEPTIC SYSTEMS

SECTION 1 APPLICATION INFORMATION

1.1 NAME OF APPLICANT_____

1.2 MAILING ADDRESS OF APPLICANT_____

1.3 TELEPHONE NUMBER OF APPLICANT_____

1.4 APPLICANT SUBMISSION DATE_____

1.5 TYPE OF APPLICATION____NEW____REVISION____RENEWAL____

SECTION 2 AUTHORIZED REPRESENTATIVE INFORMATION

2.1 NAME OF REPRESENTATIVE_____

2.2 MAILING ADDRESS_____

_____

2.3 TELEPHONE NUMBER_____

SECTION 3 PROJECT INFORMATION

3.1 BRIEFLY DESCRIBE THE PROJECT FOR WHICH THIS IWDS PERMIT IS SOUGHT (Note: Fill in as appropriate)

PROJECT NAME _____

GENERAL DESCRIPTION _____

_____

NUMBER OF BEDS, BEDROOMS, HOUSING UNITS, SQ. FT. ETC.

_____

3.2 PROJECT LOCATION:

LOT NUMBER(S) _____ ISLAND _____

VILLAGE _____

3.3 OTHER PERMITS REQUIRED FOR THIS PROJECT (Note: Fill in as appropriate)

CRM MAJOR SITING PERMIT NUMBER/DATE _____
DEQ EARTHMOVING PERMIT NUMBER/DATE _____

SECTION 4 PROJECT SITE INFORMATION

4.1 COMPLETE ATTACHED "PERCOLATION TEST REPORT" WITH THIS APPLICATION, SUMMARIZE PERCOLATION TESTS RESULTS HERE.

A. Inches per hour: _____

B. At a depth of: _____

4.2 ATTACH THE FOLLOWING INFORMATION:

A. COMPLETED SEPTIC SYSTEM DESIGN WORKSHEET

B. VICINITY PLAN

C. SITE PLAN (per NMIAC § 65-120-301 of the regulations)

D. IWDS CONSTRUCTION PLANS

DESIGN CALCULATIONS AND CONSTRUCTION PLANS FOR ALL IWDS EXCEPT SINGLE FAMILY AND DUPLEX SYSTEMS MUST BE CERTIFIED BY A LICENSED PROFESSIONAL ENGINEER PER § 65-120-301 OF THE REGULATIONS.

SECTION 5 APPLICANT ACKNOWLEDGEMENTS AND SIGNATURE

BEFORE THIS APPLICATION CAN BE PROCESSED, YOU, THE APPLICANT, MUST ATTEST TO THE FOLLOWING:

This application and the attachments constitute my "Individual Wastewater Disposal System" (IWDS) Permit Application Package and Fee for review, as required by DEQ Wastewater Treatment & Disposal Regulations. I agree to conduct the proposed IWDS in accordance with the law and regulation that governs the CNMI and to comply with any conditions that may be specified (IWDS: Siting, Sizing, and Construction) in the permit issued by the Division of Environmental Quality. I also understand that any knowing and willful false statement, representation, or answer on this application may be considered grounds for permit denial and/or civil or criminal penalty not to exceed $50,000.00 or 1 year imprisonment or both.

_____ DATE: _____

Print and Sign Name of Applicant

QUANTITIES OF SEWAGE FLOWS

TYPE OF DEVELOPMENT	GALLONS PER UNIT PER DAY	NUMBER OF PERSONS
Airports – per passenger	5 per passenger	
Airports – per employee	15 per employee	
Apartments, without laundry	120 per bedroom	2 per bedroom
Apartments with laundry; Condominiums	150 per bedroom	2 per bedroom
Barracks/worker's housing	60 per bed	1 per bed
Bars/lounges – per employee	15 per employee	
Bars/lounges – per seat	10 per seat	
Boarding Houses	50 per guest	
Bowling alleys	75 per lane	
Campgrounds – per tent or trailer site, central bathhouse	50	
Camps - construction	50	
Camps - luxury	100	
Camps – resort – night and day, with limited plumbing	50	
Car Wash	40 per vehicle served	
Clubs – country	100 per resident member	
Clubs – country	25 per non-res. member	
Dwellings – single family	150 PER BEDROOM	2 PER BEDROOM
Factories – (exclusive of industrial wastes, no showers)	25 per person, per shift	
Factories - add for showers	10 per person, per shift	
Hospitals	250+ per bed	
Hotels - Business	150 per room	2 per room
Hotels - Resort	225 per room	2 per room
Institutions – other than hospitals (nursing homes)	125 per resident/patient	
Laundromats	250 per washer	
Office Space	15 per 100 square feet	
Parks – picnic (toilet wastes only) – gallons per picnicker	5 per user	
Parks – picnic (with bathhouses, showers, and flush toilets)	10 per user	
Restaurants – (total)	40 per seat	
Restaurants – (kitchen wastes) per meal served	7 per meal served	(for grease traps)
Retail/commercial space/warehouse	10 per 100 square feet	
Schools - boarding	100 per student or faculty	
Schools – day (without cafeterias, gyms, or showers)	15 per student or faculty	
Schools – day (with cafeterias, but no gyms or showers	20 per student or faculty	
Schools – day (with cafeterias, gyms, and showers)	25 per student or faculty	
Shopping Centers – (no food)	10 per 100 square feet	
Sports Stadiums	5 per seat	
Stores – per toilet room	400	
Swimming Pools and Bathhouses	10 per person	
Theaters – movie	5 per auditorium seat	
Trailer Parks	150 per trailer	

Please specify flow rates for all other uses. Unit flow rates employed for "other uses" are subject to modification by the Director if, in his/her judgment, such unit flow rates are unreasonable. The rationale for any such modification shall be clearly explained in writing to the applicant.

SEPTIC SYSTEM DESIGN WORKSHEET

STEP 1. INSERT FINAL PERCOLATION RATE_____INCHES/HOURS

STEP 2. FIND YOUR REQUIRED SOIL ABSORPTION FACTOR.

FINAL PERCOLATION RATE	**REQUIRED SOIL ABSORPTION FACTOR**
18 inches to 30 inches per hour	2.5 gallons/square foot/day
12 inches to 17.99 inches per hour	2.2 gallons/square foot/day
6 inches to 11.99 inches per hour	1.6 gallons/square foot/day
4 inches to 5.99 inches per hour	1.3 gallons/square foot/day
2 inches to 3.99 inches per hour	0.9 gallons/square foot/day
1.33 inches to 1.99 inches per hour	0.8 gallons/square foot/day
1 inch to 1.32 inches per hour	0.6 gallons/square foot/day
0.67 inches to 0.99 inches per hour	0.5 gallons/square foot/day

STEP 3. BASED ON THE PERCOLATION TEST CONDUCTED, INSERT YOUR REQUIRED SOIL ABSORPTION FACTOR_____gallons/square foot/day

STEP 4. COMPLETE THE ATTACHED "QUANTITIES OF SEWAGE FLOW" TABLE AND INSERT THE PROJECTS TOTAL SEWAGE FLOW HERE _____gals/day.

STEP 5. DETERMINE THE TOTAL ABSORPTION AREA REQUIRED (STEP 4 divided by STEP 3.)

EXAMPLE: Final Percolation Rate = 1.5 inches per hour
Three bedroom home

450 gallons per day sewage flow
_____ = 562 square feet required

0.8 gallons/square foot/day

Construct a leaching field 24'x 24' (total area provided = 576 sq. ft.)

Your Project: _____gallons per day sewage flow
---------- = _____
_____gallons/square foot/ day square feet required

NOTE: 1. Refer to NMIAC § 65-120-601of the Regulations for Septic Tank design requirements.
2. Refer to NMI AC § 65-120-801of the regulations for Leaching Field design requirements.

STEP 6. **DETERMINE REQUIRED SEPTIC VOLUME**

A. FOR SEWAGE FLOWS 0 TO 500 GALLONS PER DAY, THE SEPTIC TANK MUST BE 750 GALLONS.

B. FOR SEWAGE FLOWS 501 TO 1,500 GALLONS PER DAY, USE THE FOLLOWING FORMULA:

Septic Tank volume = 1.5 x _____ = _____gals.
(sewage flow from STEP 4)

C. FOR SEWAGE FLOWS 1,501 TO 15,000 GALLONS PER DAY, USE THE FOLLOWING FORMULA:

Septic Tank volume = 1,125 + 0.75 x_____ = _____gals
(sewage flow from STEP 4)

D. CONVERT SEPTIC TANK VOLUME (STEP 6A. or B.) TO CUBIC FEET.

Septic Tank volume = _____gallons divided by 7.485 = _____cubic feet

OTHER SEPTIC SYSTEM DESIGN GUIDELINES

1. Percolation rates less than 0.67 inches per hour or greater than 30 inches per hour are unacceptable for leaching field design.

2. Septic tanks shall be located at least 10 feet from all buildings and all boundaries or property lines, and 5 feet from leaching field.

3. Leaching fields shall be located at least 15 feet from all buildings and 5 feet from all boundaries or property lines.

4. Storm water, water treatment wastewater, cooling water, and roof drainage shall not be directed into any septic system.

5. The bottom of any leaching field gravel fills must be at least 3.0 feet above the water table.

6. Septic systems must be constructed in accordance with the plans and specifications submitted in the approved IWDS permit application.

Revised: 3/15/10