

# ONSITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

INSPECTION LINE: (916) 875-8422

## GENERAL INFORMATION

<input type="checkbox"/> Install New System (4220)	<input type="checkbox"/> Repair / Modification (4230)	<input type="checkbox"/> Septic Tank Destruction (4250)	<input type="checkbox"/> Holding Tank (4209)
If repair, age and design of system: _____			
Reason for failure: _____			

## SITE INFORMATION

Address: _____	City: _____	Zip: _____
Cross Street: _____	APN #: _____	Lot size: _____ acres
Property Owner Name: _____	Phone Number: _____	
Soil studies (perc test / test drill)	Date: _____	ON#: _____ By: _____

## RESPONSIBLE PARTY (Billing)

<input type="checkbox"/> Contractor	Name: _____	Mailing address: _____
<input type="checkbox"/> Property owner	_____	
<input type="checkbox"/> Consultant	Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Fax ( ) <input type="checkbox"/> email:	

## SYSTEM INFORMATION

Intended Use:	<input type="checkbox"/> Residential Use – Number of bedrooms: _____ ( <input type="checkbox"/> Single family / <input type="checkbox"/> Mobile home)	
	<input type="checkbox"/> Commercial Use – Type of business: _____ Gallons per day: _____	
	<input type="checkbox"/> Other, please explain: _____	
Water source:	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Water	Subdivision: _____

## DESIGN INFORMATION

Septic Tank:	<input type="checkbox"/> New <input type="checkbox"/> Existing	Size: _____ gallons	Tank Pumped: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Make: _____		
Leaching Pits	<input type="checkbox"/>	Quantity: _____ pits	Diameter: _____ ft	Depth: _____ ft
Deep Trench:	<input type="checkbox"/>	Total linear feet _____	# of laterals _____	
Leach Line:	<input type="checkbox"/>	Length _____ ft	Width: _____ in / ft	Depth _____ in / ft
Other	<input type="checkbox"/>	Submit engineer's design specifications		

### PROVIDE A PLOT ON PLAN SHEET AND ATTACH.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE PROPOSED WORK WILL BE DONE TO MEET THE REQUIREMENTS OF SACRAMENTO COUNTY CODE, CHAPTER 6.32 AND ALL REGULATIONS OF THE COUNTY HEALTH OFFICER. A FEE FOR THE SEWAGE DISPOSAL SYSTEM PERMIT IS SUBMITTED HEREWITH. THIS PERMIT WILL EXPIRE ONE YEAR FROM DATE OF ISSUE. I AGREE TO NOTIFY EMD 24 HOURS IN ADVANCE FOR FINAL INSPECTION.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner  Contractor  Lic No: \_\_\_\_\_ Lic Type: \_\_\_\_\_

## OFFICE USE ONLY

Permit Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	By: _____	Date: _____
Permit conditions / comments: _____		

ON# _____	AR# _____	INVC# _____	Amt Paid _____	Date _____
Finalized by: _____	Date: _____	GPS: -121. _____	38. _____	
Comments _____				

ENVIRONMENTAL MANAGEMENT DEPARTMENT • ENVIRONMENTAL COMPLIANCE DIVISION

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