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| **CO_logoW** | **LIQUID WASTE PERMIT APPLICATION****ENVIRONMENTAL MANAGEMENT DEPARTMENT** •  **ENVIRONMENTAL COMPLIANCE DIVISION**11080 WHITE ROCK ROAD • SUITE 200 • RANCHO CORDOVA, CA 95670 TELEPHONE (916) 875-8550 • FAX (916) 875-8513 **LIQUID WASTE INSPECTION LINE: (916) 875-1500** |

**GENERAL INFORMATION**

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| --- |
| [ ] Standard System Install (4220) [ ] Standard System Repair/Modification (4230) [ ] Septic Tank Destruction (4264) [ ] Holding Tank-Tem (4280) [ ] Alternative System Install (4221) [ ]  Alternative System Repair/Modification (4231) [ ]  Tank Replacement (4232) [ ] Holding Tank- Fix (4281)  |
| 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)**

|  |  |
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| [ ]  Contractor [ ]  Property owner [ ]  Consultant  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred method of contact: [ ]  Mail [ ]  Phone /Fax [ ]  Email: |

**SYSTEM INFORMATION**

|  |  |
| --- | --- |
| Intended Use: | [ ]  Residential Use – Number of bedrooms: \_\_\_\_\_\_\_\_\_\_ ([ ]  Single family / [ ]  Mobile home) [ ]  Commercial Use – Type of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gallons per day: \_\_\_\_\_\_\_[ ]  Other, please explain:  |
| Water source: | [ ]  Private Well | [ ]  Public Water | Subdivision:  |  |
| Tier: |  |  | Variance: [ ]  Yes [ ]  No |  |

**DESIGN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Septic Tank: [ ]  New | [ ]  Existing  | Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallonsMake: | Tank Pumped: Yes [ ]  No [ ]  |
| Leaching Pits  | [ ]  | Quantity: \_\_\_\_\_\_\_\_ pits Diameter: \_\_\_\_\_\_\_\_\_ft Depth: \_\_\_\_\_\_\_\_\_ ft |
| Deep Trench:Leach Line: | [ ] [ ]  | Total linear feet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of laterals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length \_\_\_\_\_\_\_\_\_\_ft Width: \_\_\_\_\_\_\_\_\_\_\_in / ft Depth \_\_\_\_\_\_\_\_\_\_\_in / ft  |
| Other  | [ ]  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Phone# \_\_\_\_ \_\_\_\_\_\_\_\_

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| --- |
| **OFFICE USE ONLY**Permit Approved Yes [ ]  No [ ]  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permit conditions / comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AR#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **INVC#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amt Paid** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ON#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Finaled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPS: 38 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -121..\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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