



## ENVIRONMENTAL HEALTH DIVISION OWTS/SEPTIC SYSTEM APPLICATION

OWTS Permit #:		Lot Size:		BID Permit #:	
Type of Work:	<input type="checkbox"/> New Construction/ Replace Existing	<input type="checkbox"/> Expand/Repair*		<input type="checkbox"/> Remove/Replace Tank*	
Type of System:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Engineered	<input type="checkbox"/> Alternative	

**Description of work to be done:** \_\_\_\_\_

**\*If septic repair, please state cause:** \_\_\_\_\_

- PROVIDE A SET OF SEPTIC PLANS (**Plans to be no larger than 11 X 17**).
- PLANS TO INCLUDE PERCOLATION TEST REPORT, SYSTEM CALCULATIONS, AND SITE MAP.
- PROPOSED SEPTIC SYSTEM LOCATION MUST BE STAKED/MARKED.
- **TO SCHEDULE OWTS INSPECTIONS CALL (661) 862-8727**

OWNER'S INFORMATION	SITE INFORMATION
Name:	Site Address:
Address:	City: State: Zip:
City: State: Zip:	Source of Water: <input type="checkbox"/> WELL WP# _____ <input type="checkbox"/> PUBLIC _____
Phone:	APN:
E-mail:	GPS:

### ENGINEER / OWTS CONTRACTOR or CONTACT PERSON

<b>Engineer:</b>	<b>OWTS Contractor:</b>
Address:	Address:
City: State: Zip:	City: State: Zip:
Contact : Phone:	Contact: Phone:
E-mail:	E-mail:
Certification:	Contractor License #:

**CONTACT FOR PAYMENT:** Owner  Engineer  OWTS Contractor  Other : \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>Site Inspection By:</b> _____	Printed Name	Signature	Date
<b>Plans Approved By:</b> _____	Printed Name	Signature	Date
<b>Plans Rejected By:</b> _____	Printed Name	Signature	Date
<b>Compliance Letter By:</b> _____	Printed Name	Signature	Date
<b>Billed:</b> _____	Date	<b>Site in: Mountain/Groundwater Area</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Flood</b> <input type="checkbox"/> YES <input type="checkbox"/> NO