



**Public Health Department**

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## Disclosure Statement for Concurrent Land Project Review

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Trakit Project #: \_\_\_\_\_ APN: \_\_\_\_\_

Butte County Public Health Department, Division of Environmental Health (EH), has agreed to conditionally clear this land use project for submission to and concurrent review by Butte County Department of Development Services (DDS), while the following processes are taking place:

\_\_\_\_\_ **Winter groundwater monitoring**

GWM must be successfully completed in accordance with the attached Groundwater Evaluation Policy (2008), unless otherwise specified in this Disclosure Statement. Prior to successful completion of GWM, the land use application will not be deemed complete and therefore will not be conditioned and taken forward to the Butte County Planning Commission.

\_\_\_\_\_ **Regional Water Quality Control Board review for Report of Waste Discharge**

The Regional Board review must be completed and the Waste Discharge Requirements Satisfied prior to recordation of the Final Map.

\_\_\_\_\_ **Annexation to an existing sewer or water district**

Annexation must be completed and "will-serve" letter(s) issued by the district prior to recordation of the Final Map.

\_\_\_\_\_ **Pre-application review of soil suitability and water adequacy**

These items must be completed prior to Determination of Completeness of application. The applicant requests initiation of project review by the DDS concurrently with the ongoing condition identified above, in order to expedite project review, and has been apprised of and accepts the inherent risk that, should the outcome of the checked condition not be successful, the project cannot move forward to completion.

**I certify that I have reviewed this disclosure statement and understand that approval of this project will require successful completion of the checked condition.**

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date

**Note: This Disclosure not valid without: (1) applicant's initials beside checked box, (2) signature of applicant, and (3) signature of Environmental Health Specialist.**