



ON-SITE WASTEWATER SYSTEM OPERATING PERMIT

Date paid: _____

Amount: _____

Receipt No. _____

Trakit No. _____

Form OP

APPLICATION

APN #: _____

Applicant Name (Please print) _____

Property Owner Name _____

Applicant Mailing Address _____

Property Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Applicant Telephone Number _____

Certified OM&M Specialist _____

OPERATING PERMIT

GENERAL INFORMATION

Renewal Frequency: _____ year(s) System type: _____

Comments/Conditions: _____

INITIAL ISSUANCE CHECKLIST

Final Approval by LEA Completed As-Built OM&M Manual AIPA Recorded

RENEWAL INFORMATION

OM&M Specialist: _____ Inspection Date: _____

No problems noted Problems noted and corrected: _____

It has been determined that this permit meets the requirements of Butte County Code Chapter 19 On-Site Wastewater Systems. Renewal is based on the information in the attached OM&M Report.

Environmental Health Specialist

Date

Next Renewal Date

Note: Operating permits for supplemental treatment systems expire on December 31.

TEL- 530.538.7281
FAX- 530.538.5339

202 MIRA LOMA DRIVE
OROVILLE, CA 95965

Undate: December 1, 2015

This section completed by applicant

This section completed by Environmental Health