



# ON-SITE WASTEWATER SYSTEM CONSTRUCTION

Date paid: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

APN #: \_\_\_\_\_

Traklt #: \_\_\_\_\_

Applicant Name (Please print) \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Construction Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Telephone Number \_\_\_\_\_

Certified Designer (if applicable) \_\_\_\_\_

- New Construction       Expansion  
 Repair or Replacement       Tank Destruction

Certified Installer (if applicable) \_\_\_\_\_

- Residential: Number of bedrooms: \_\_\_\_\_  
 Non-Residential (specify): \_\_\_\_\_  
 Design attached

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

## PERMIT

### DESIGN SUMMARY

**Septic Tank**     N/A

**Pump Chamber**     N/A

Concrete  Poly  Fiberglass Vol: \_\_\_\_\_ gal \*     Concrete  Poly  Fiberglass Vol: \_\_\_\_\_ gal

**Pretreatment if Required**

Not required     Mound     ISF-Open     ISF-Closed     Packed Bed     ATU     Other: \_\_\_\_\_

Manufacturer/Model (if applicable): \_\_\_\_\_

**Dispersal Field**

Design flow: \_\_\_\_\_ gpd      Application Rate: \_\_\_\_\_ gpd/ft<sup>2</sup>      Dispersal Field Size: \_\_\_\_\_ ft<sup>2</sup>

Drainpipe  Chamber  BSA \*       Trench  Bed \*       Gravity  Pressure

### DESIGN AND CONSTRUCTION APPROVAL

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

Date of Issuance \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

**Notes:** - This permit valid only for installation following attached design, stamped "Approved." Variation from the approved design must have prior approval by Environmental Health.

- This permit valid only if system is installed by the homeowner or by a contractor with valid Installer Certification issued by Environmental Health.

**This permit will expire 2 years from the date of Design and Construction approval.**

Update: June 29, 2010

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