

## Permit Application For Wastewater Holding Tank System

### *Property Ownership & Location*

•Property Owner Name: \_\_\_\_\_

•Mailing Address: \_\_\_\_\_

•Address of Installation: \_\_\_\_\_ •Phone #: \_\_\_\_\_

•Assessor's Parcel Number (APN): \_\_\_\_\_ •Property Size: \_\_\_\_\_

### *Intended Use*

•Indicate intended use (such as temporary office or RV dump station) that would justify installation of a holding system in lieu of a sewage disposal system or treatment system: \_\_\_\_\_

•If a temporary use, indicate future termination date of use: \_\_\_\_\_

•Indicate number of plumbing fixture units, number of employees, maximum number of customers per day, maximum number of RV disposals per day, or any other factors needed for flow and capacity determination of the holding system: \_\_\_\_\_

•Please attach plans, specifications, and calculations indicating the discharge rate of wastewater.

**Note: Engineered plans are required for projects proposing a wastewater holding tank system.**

### *System Servicing*

•Name of company to perform pumping service: \_\_\_\_\_

•Address of company: \_\_\_\_\_ •Phone #: \_\_\_\_\_

•Please attach copy of written contract or agreement with pumping company.

### *Proposed Installation*

•Tank Capacity: \_\_\_\_\_ •Please attach specifications of the tank, i.e. material of construction, load bearing characteristics, water-tight design, gas-tight design to prevent nuisance odors, etc.

•Please provide a description of the depth of the tank installation below grade and how ready access will be provided for the tank to be pumped; yet preventing nuisance odors during normal operations.

•Tank must be designed with an alarm that will be triggered when tank is filled to 3/4 capacity. Please provide detailed drawing of the tank with the alarm triggering device in place.

•Describe where the alarm will be placed in order to be heard or seen.

•Tank 3/4 capacity alarm: Audible alarm ☐ Visual alarm ☐ Both audible & visual alarm ☐

•Who will hear or see the alarm? \_\_\_\_\_

•Will this person be present whenever discharges occur into the holding system? Yes ☐ No ☐

**•Note: A site plan must be provided.**

#### Office Use Only:

|                 |                 |                 |  |
|-----------------|-----------------|-----------------|--|
| Pay Amt.: _____ | Pay Date: _____ | Pay Type: _____ |  |
| Rcd. By: _____  | S.S. No. _____  | B.P. No.: _____ |  |

**Notice**

- The permit, once issued, will not constitute a system design. The permit will be based solely on the information provided by the applicant. There is no warranty implied by the issuance of the installation permit.
- Any changes in the information supplied in this application or in the intended work must be submitted for review and approval prior to commencement of the work.
- The required inspection(s) must be requested at least 48 hours in advance of the time desired. The Department will do its best to meet requested times for inspections. Keep in mind that prior requested for services may require that the Department schedule at a different time. Please coordinate with the Department.

**CERTIFICATION****CONTRACTORS SIGN BELOW**

***(A signed copy of the Declaration Concerning Licensing & Insurance must also be provided.)***

I certify that this application is accurate, I have read the above Certification statements, and I am a contractor licensed in the State of California for the type of work intended. My license is in full effect. License Number: \_\_\_\_\_

By: \_\_\_\_\_

Contractor

Authorized Agent

**Please print your name and date:** \_\_\_\_\_

Print Name

Date

**OWNER-BUILDER SIGN BELOW**

I certify that this application is accurate, that I have read the above Certification statements, and I am exempt from the provisions of Chapter 9, Division 3, Business & Professions Code (Contractor's License Law) because (check one):

☐

I am the owner of the above property and will personally perform the above work.

☐

I am the owner of the above property and will have all the work performed by a licensed contractor.

Or: \_\_\_\_\_

Owner's Signature

Authorized Agent

**Please print your name and date:** \_\_\_\_\_

Print Name

Date

**EHS USE ONLY**

Permit Application Number: \_\_\_\_\_

Imperial County Public Health Department, Environmental Health  
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