Permit Application For Septic System

	Property C	Ownership & L	ocation			
Property Owner Name:	Phone #:					
Mailing Address:						
Street Address /	PO Box	City		State	Zi	p Code
Address of Installation:	Street Addre) C C		Closes	t City or 7	-OWD
Assessor's Parcel Number (APN):	755		Closest City or Town Property Size: Acres			
	Comi	munity Servic	es			
Is this project served with drinking water	from a city or comi	munity system	?	`	∕es 🗌	No 🗌
Is the project serviced by an approved po	oint of entry or perr	mitted public w	ater system?	`	∕es 🗌	No 🗌
Is this project located inside of a incorpo	rated city or sanita	ry sewer distric	t?	`	∕es 🗌	No 🗌
ls a community sewer collection main av	ailable within 200 f	eet of the prop	erty?	`	res 🗌	No 🗌
Note: Properties having community se	ewer services ava	ilable are not	eligible for	onsite septic syster	n permit	s.
	Re	sidential Use				
Single Family Dwelling (SFD): # of SFDs: # of Bedrooms per SFD:						
House Mobile Home Other:						
Multiple Family Dwelling (MFD): # o	f Family Units:		# of	Bedrooms Per Unit:		
		Residential U				
Please attach plans, specifications, and Note: Engineered plans are required f		•	um daily disc	charge rate of wastew	vater.	
		• •	lation or Do	iu		
	Proposed Septic S	_	_			
☐ New System Ins				epair or Augmentatio	n	
•Septic Tank Capacity (If Proposed):		gallons		ater Depth:		feet
•Disposal Trenches: Width:	feet	Grav	el Depth Bel	ow the Pipe:		inches
# of Trenches: Lengt	h of Each Line:		feet	Total Length:		feet
Disposal Bed: Width:	Length:		feet	# of Title Lines:		
•Chambers: Length of Each Chamber: _		feet	Width	of Chamber:		inches
# Chambers In Each Trench:		# of Trenche	es:	Total # Cha	ambers_	
Brand Name of Chamber:				Model:		
Other work or features? No \(\subseteq \text{ Y}	es Describe:					
Note: A site plan and soil percolation	report is required	to be submit	ted.			
	Pay Amt.:		Pay Date:	Pay	Туре:	
Office Use Only:	Rcd. By:		S.S. No.	B.P.	No.:	

Imperial County - Public Health Department Division of Environmental Health

renai County - Public Health Department			Division of Environmental flea
Sentic Tan	k Abandonment	or Removal	
Please select from the following options:	in Abanaoninent	or removal	
☐ Tank abandonment in place. Tank's entire top will for verification by inspector; tank will be backfilled up to the department the tank will be backfilled with earth up	the level of the ou		•
☐ Tank removal from the ground. Tank will be pumentank will be removed from ground; excavation remain ountil after the inspection.			
Other method:			
Note: A site plan must be provided.			
	Notice		
 The permit, once issued, does not constitute a system and there is no guarantee implied that the system will o 			on provided by the applicant
 Any changes in the information supplied in this application to commencement of the work. 	ation or in the inter	nded work must be subn	nitted for review and approval
 The required inspection(s) must be requested at least to meet requested times for inspections. Keep in mind t at a different time. Please coordinate with the Department 	that prior requeste		
	d the above notice	BELOW ng & Insurance must al statements, and I am a	•
	By:		
Contractor's Signature	_	Authorized	Agent's Signature
Print Name of Signer		Date	Phone #
OWNER	R-BUILDER SIGN	BELOW	
(A signed copy of the Declaration Collicertify that this application is accurate, that I have reac Chapter 9, Division 3, Business & Professions Code (C	d the above notice	statements, and that I a	m exempt from the provisions of
☐ I am the owner of the above property and will pe	ersonally perform	the above work.	
☐ I am the owner of the above property and will ha			ontractor.
	Ву:		
Contractor's Signature	_	Authorized	Agent's Signature
Print Name of Signer		Date	Phone #
	EHS USE ONLY		

District Number:

Permit Application Number:

DECLARATION CONCERNING LICENSING & INSURANCE

DIVISION OF ENVIRONMENTAL HEALTH

Main Street Professional Building, 797 Main Street, Suite B, El Centro, CA 92243 Phone (442) 265-1888 FAX (442) 265-1903 Instructions: Section I, II, and III must each received one signature from either the property owner or the contractor.

. Declara	ation concerning the Contractor's License Law. CONTRACT	
	DECLARATION OF COMPLIANCE	
	I HEREBY AFFIRM THAT I AM LICENSED UNDER THE PROVISIONS OF CHAPTE BUSINESS AND PROFESSIONS CODE, AND MY LICENSE IS IN FULL FOR	
	SIGNATURE LIC. CLASS	DATE
	OWNER-BUILDER DECLARATION OF EXEMPTION	
	I HEREBY AFFIRM THAT I AM EXEMPT FROM THE CONTRACTOR'S LICENSE LAW FOLLOWING REASONS:	FOR ONE OF THE
	1) I, AS OWNER OF THE PROPERTY, OR MY EMPLOYEES WITH WAGES AS THEIR WILL DO THE WORK, AND THE STRUCTURE IS NOT INTENDED OR OFFERED FOR Business and Professions Code: "The Contractors License Law does not apply to an ow improves thereon, and who does such work himself, or through his own employees, provare not intended or offered for sale. If however the building or improvements is sold with completion, the owner will have the burden of proving that he did not build or improve for	R SALE (Sec. 7044, ner of property who builds or rided that such improvements in one year from the date of
	SIGNATURE	DATE
	2) I, AS OWNER OF THE PROPERTY, AM EXCLUSIVELY CONTRACTING WITH LICE CONSTRUCT THE PROJECT. (See Sec. 7044, Business and Professions Code).	ENSED CONTRACTORS TO
	SIGNATURE	DATE
		
I. Declara	ation concerning California Worker's Compensation Insurance Provisions.	
I. Declara	ation concerning California Worker's Compensation Insurance Provisions. DECLARATION OF INSURANCE	
I. Declara	-	
I. Declara	DECLARATION OF INSURANCE I CERTIFY THAT BECAUSE I WILL EMPLOYEE ONE OR MORE PERSONS IN THE PERSONS FOR WHICH THIS PERMIT IS ISSUED, MY CERTIFICATE OF WORKM	
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