



Department of Resource Management
Environmental Health Services Division
 675 Texas Street, Suite 5500, Fairfield, CA 94533 - 707/784-6765
www.solanocounty.com
SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

SITE ADDRESS	APN	APPLICATION NO.
PROPERTY OWNER	PHONE NUMBER	
MAILING ADDRESS		
CONTRACTOR	LICENSE NO. & CLASS	PHONE NUMBER
REGISTERED CONSULTANT NAME, ADDRESS, PHONE NUMBER, FAX NUMBER		

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Type of Work:

- New
 Repair
 Expansion
 Replacement
 Destruction

Building Type:

- Single Family Dwelling
 Multi. Family Dwelling
 Commercial

Projected Sewage Flow:

Bedrooms _____ Flow Rate _____ gpd

Water Supply:

- On-site well
 On/Off-Site Public Water
 Name of Supplier _____

Soils Testing (Attach Data):

- Soil Profile
 Hydrometer
 Zone _____
 Perc. Test
 Perc. Rate _____ in./hr.

WORKERS' COMPENSATION CERTIFICATE

(one of the following must be completed)

1. A current certificate of Workers' Compensation Insurance coverage is on file with Solano County. Workers' Compensation Insurance Policy No. _____ is currently effective.
 2. I certify that in the performance of the work for which this permit will be issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws in California.

TERMS OF PERMIT

I hereby certify that the above information, attached test data and submitted plans are true and correct and that the proposed work shall comply with all permit conditions and applicable laws, ordinances, standards, and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final approval, and obtain written approval prior to deviating from the approved permit or plans, covering any part of the system or placing the system into operation. It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation of this system is made by the Solano County Environmental Health Services Division.

Signature of Owner/Agent

Date

Signature of Contractor

Date

Do Not Write Below This Box

Permit Approved: By: _____

Date _____

Permit Denied: By: _____

Date _____

PERMIT CONDITIONS

Septic Tank

Size _____ gallons Maximum sewer stub-out depth below grade _____ inches

Disposal Field

Application Rate _____ gal/day/ft² Leach Trench Depth _____ inches

Total Leach Trench Infiltration Area _____ feet² Leach Trench Width _____ inches

Total Leach Trench Length _____ feet
 Attached Plans
 Attached Letter of Approval

Other: _____

Fee Paid \$ _____ Date _____ Receipt No. _____ Expiration Date _____