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**DEPARTMENT OF RESOURCE MANAGEMENT**



**SOLANO COUNTY**

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Environmental Health Division  
**SITE EVALUATION APPLICATION**

SITE ADDRESS		APN	PERMIT NO.
PROPERTY OWNER (PO)			PO PHONE NUMBER
PO MAILING ADDRESS			PO EMAIL ADDRESS
APPLICANT NAME (IF DIFFERENT THAN PROPERTY OWNER)		PHONE NUMBER	EMAIL ADDRESS
REGISTERED CONSULTANT (RC)		LICENSE TYPE	RC PHONE NUMBER
RC MAILING ADDRESS			RC EMAIL ADDRESS

NEW       EXPANSION       ALTERATION       REPAIR       SUB DIVISION

**Type of Work:**

SOIL PROFILE       PERCOLATION TEST       HYDROMETER TEST       OTHER

**SOIL PROFILE:**

**Solano County Code Chapter 6.4, Sec. 6.4-81.2: To a depth of at least eight (8') feet, or five (5') feet below the proposed disposal field trench, whichever is greater, or until a limiting condition is reached, and be at least two (2') feet wide.**

**PERCOLATION TEST:**

# of Holes in the Primary Area:  3  Other: \_\_\_\_\_      # of Holes in the Reserved Area:  3  Other: \_\_\_\_\_  
 Depth of holes in Primary area (inches): \_\_\_\_\_      Depth of holes in Reserved Area (inches): \_\_\_\_\_  
 Start Pre-Soaking time \_\_\_\_\_      Ending Pre-Soaking Time: \_\_\_\_\_

**WORKERS' COMPENSATION CERTIFICATION** *(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 I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws in California.

**DECLARATION**

I hereby certify that the above information is true and correct and that the proposed work shall comply with all applicable laws, ordinances, standards, and regulations.

\_\_\_\_\_  
 Signature of Owner/Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Consultant

\_\_\_\_\_  
 Date

**Do Not Write Below This Box**

Approved: \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_

