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DEPARTMENT OF RESOURCE MANAGEMENT



SOLANO
COUNTY

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Environmental Health Division

OPERATION PERMIT APPLICATION

Site Address: _____ APN: _____

Property Owner _____ Phone: _____

Mailing Address _____

Consultant Name/Address _____

Consultant telephone #: _____ Fax #: _____

Contractor Name/Address _____

Contractor telephone # _____ Fax #: _____

USE: ___DOMESTIC ___COMMERCIAL FLOW: _____ Gallons/Day(GPD)

GREASE INTERCEPTOR: ___NO ___YES, CAPACITY _____(GALLONS)

PRETREATMENT: ___NO ___YES

METHOD: ___ SAND FILTER ___ ATU ___SYNTHETIC MEDIA ___OTHER

EFFLUENT DISPERSAL METHOD:

___PRESSURE DISTRIBUTION ___AT-GRADE ___MOUND ___OTHER

Additional System Description:

I agree to comply with all regulations of the Solano County Code pertaining to the operation of an alternative on-site sewage disposal system and to all conditions of this permit. I understand that operation permits must be renewed annually and are not transferable. I understand that the Environmental Health Services Division may need to access my property to evaluate the system.

Property Owner signature _____ Date: _____

FOR OFFICE USE ONLY - ENVIRONMENTAL HEALTH

Operation Permit Approved By: _____ Date: _____

Conditions of Approval: _____

Application #: _____ SWEEPS: _____

\$ _____ Fee paid on _____ Receipt No. _____ Permit expires _____