



ENVIRONMENTAL HEALTH DIVISION OWTS/SEPTIC SYSTEM APPLICATION

OWTS Permit #:		Lot Size:		BID Permit #:	
Type of Work:	<input type="checkbox"/> New Construction/ Replace Existing*	<input type="checkbox"/> Expand/Repair*		<input type="checkbox"/> Remove/Replace Tank*	
Type of System:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Engineered	<input type="checkbox"/> Alternative	

Description of work to be done: _____

*If septic repair, please state cause: _____

- PROVIDE A SET OF SEPTIC PLANS (**Plans to be no larger than 11 X 17**).
- PLANS TO INCLUDE PERCOLATION TEST REPORT, SYSTEM CALCULATIONS, AND SITE MAP.
- PROPOSED SEPTIC SYSTEM LOCATION MUST BE STAKED/MARKED.
- TO SCHEDULE OWTS INSPECTIONS CALL (661) 862-8727

OWNER'S INFORMATION	SITE INFORMATION
Name:	Site Address:
Address:	City: State: Zip:
City: State: Zip:	Source of Water: <input type="checkbox"/> WELL WP# _____ <input type="checkbox"/> PUBLIC _____
Phone:	APN:
E-mail:	GPS:

ENGINEER / OWTS CONTRACTOR or CONTACT PERSON

Engineer:	OWTS Contractor:
Address:	Address:
City: State: Zip:	City: State: Zip:
Contact : Phone:	Contact: Phone:
E-mail:	E-mail:
Certification:	Contractor License #:

CONTACT FOR PAYMENT: Owner Engineer OWTS Contractor Other : _____

FOR OFFICE USE ONLY

Site Inspection By: _____	Printed Name	Signature	Date
Plans Approved By: _____	Printed Name	Signature	Date
Plans Rejected By: _____	Printed Name	Signature	Date
Compliance Letter By: _____	Printed Name	Signature	Date
Billed: _____	Date	Site in: Mountain/Groundwater Area <input type="checkbox"/> YES <input type="checkbox"/> NO	Flood <input type="checkbox"/> YES <input type="checkbox"/> NO