

APPENDIX C

COLUSA COUNTY SEPTIC SYSTEM PERMIT APPLICATION FORMS

APPENDIX C1

COLUSA COUNTY
ENVIRONMENTAL HEALTH DIVISION (CCEH)
 144 MARKET STREET, COLUSA, CA 95932
 PHONE # (530) 458-0395 FAX # (530) 458-3008
APPLICATION FOR A SITE EVALUATION
FOR ON-SITE SEWAGE DISPOSAL

SITE EVALUATION STREET ADDRESS: _____

SITE EVALUATION ASSESSOR'S PARCEL NUMBER ____/____/____

PROPERTY OWNER'S NAME: _____

(PLEASE PRINT)

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S PHONE NUMBER () _____

REASON(S) FOR SITE EVALUATION: _____

TO ENABLE CCEH TO PERFORM THE SITE EVALUATION, AT A MINIMUM, ONE HOLE SHALL BE PREPARED PRIOR TO CCEH'S ARRIVAL. OR THE BACK HOE AND OPERATOR SHALL MEET CCEH ON SITE AT THEIR ARRIVAL.

IF NO HOLES ARE DUG OR THE HOLES ARE NOT DUG TO SPECIFICATINS LISTED BELOW, AND THE BACK HOE AND OPERATOR ARE NOT ON SCENE, CCEH SHALL WAIT 15 MINUTES AND THEN DEPART. THE APPLICANT SHALL THEN PAY FOR ANOTHER HOURS WORK IF THE SITE EVALUATION IS STILL NEEDED.

REQUIRED DIMENTIONS OF SITE EVALUATION HOLE:
10 FEET LONG, 8 FEET DEEP, 3 FEET WIDE WITH ONE SIDE STEPPED OFF TO FACILITATE EASE OF EXAMINATION

UNDER PENALTY OF PURJURY, I AM ACTING ON BEHALF OF THE OWNER IN MAKING THIS REQUEST.

SIGNATURE

DATE ____/____/____

RECEIPT # _____

APPENDIX C2

APPLICATION for SEWAGE DISPOSAL SYSTEM PERMIT

Colusa County Health & Human Services

Environmental Health Division

144 Market Street, Colusa, CA 95932

Phone: (530) 458-0395 Fax: (530) 458-3008

Non-Refundable Permit Expires 180 days from Date Issued

Application is hereby made to Colusa County for a permit to Construct, Install, Repair or Destroy the work as described. (New septic tank systems are NOT permitted if public sewer available).

Job Address: _____ APN _____ Lot Size _____

Owner's Name: _____ Address: _____ Phone: _____

Contractor: _____ Address: _____ Phone: _____

License #: _____ Contractor File Current: Yes No

Subcontractor: _____ Address: _____ Phone: _____

License #: _____ Contractor File Current: Yes No

Type of Septic Work: New Installation Repair/Addition Destruction Perc Test(s) # _____
 Soil Profile Analysis _____

Installation to Serve: Residence Individual Mobile Home Mobile Home Park
 Apartments Commercial Other
 # Bedrooms: _____ # of Living Units: _____ # Gallons per day: _____

Septic Tank Destruction Method: _____

Source of Water: Private Well Public Well Surface Water Industrial Well

I hereby certify that I have prepared this application and that the work will be done in accordance with Colusa County Rules/Ordinances and State Laws/Regulations. Home owner or licensed contractor's signature certifies the following: "I certify that in the performance of the work for which this permit is issued, I shall NOT employ persons subject to Workman's Compensation Laws of California." Contractor or subcontractor's signature certifies the following: "I certify that in the performance of the work for which this permit is issued, I shall employ persons subject to Worker's Compensation Laws of California." The Applicant must call 48 hours in advance for all required inspections. Complete a detailed drawing of the parcel showing all existing and proposed structures, wells, septic systems, pools, patios, and sources of contamination on a separate sheet of paper.

Signed: _____ Title: _____ Date: _____

OFFICE USE ONLY

Onsite Disposal System				Distance to Nearest Well	Distance to Nearest Water Course	Distance to Nearest Foundation	Distance to Nearest Property Line
Septic Tank/Grease Trap:	Size	gal	BGS	ft	ft	ft	ft
Manufacturer:	Material						
Leach Lines: #	L	ft	D	ft	ft	ft	ft
Leach Beds: #	L	ft	D	ft	ft	ft	ft
Wisconsin at Grade:	L	ft	D	ft	ft	ft	ft
Chamber System:	L	ft	D	ft	ft	ft	ft
Support Material:	Type	Size	in.	Depth under Pipe	in.	Depth over Pipe	in.

Soil Profile Analysis: Highest anticipated groundwater level: _____ Soil Texture: _____ Sewage Application Rate: _____

Comments: _____

Permit Application Approved By: _____ Date: _____

Initial Inspection By: _____ Date: _____ Final Inspection By: _____ Date: _____

Amount Remitted	Check #/Cash	Receipt Number	Received By	Date	Permit #
-----------------	--------------	----------------	-------------	------	----------