

Permit No.: \_\_\_\_\_



**LIQUID WASTE CONSTRUCTION PERMIT APPLICATION**  
**ENVIRONMENTAL MANAGEMENT DEPARTMENT • ENVIRONMENTAL COMPLIANCE DIVISION**

11080 WHITE ROCK ROAD • SUITE 200 • RANCHO CORDOVA, CA 95670

TELEPHONE (916) 875-8550 • FAX (916) 875-8513

**LIQUID WASTE INSPECTION LINE: (916) 875-1500**

<input type="checkbox"/> Standard System Install (4220)	<input type="checkbox"/> Standard System Repair/Modification (4230)	<input type="checkbox"/> Septic Tank Destruction (4264)	<input type="checkbox"/> Holding Tank-Tem (4280)
<input type="checkbox"/> Alternative System Install (4221)	<input type="checkbox"/> Alternative System Repair/Modification (4231)	<input type="checkbox"/> Tank Replacement (4232)	<input type="checkbox"/> Holding Tank- Fix (4281)

**SITE INFORMATION**

Site Address:		APN:
Nearest Cross Street:	Lot size (acres):	
Property Owner:		Phone Number:
Mailing Address	City, State:	Zip:

**REPAIR-COMplete THIS SECTION**

Age and design of system: \_\_\_\_\_  
Reason for failure: \_\_\_\_\_

**SYSTEM AND DESIGN INFORMATION**

Intended Use:  
 Residential Use Number of bedrooms: \_\_\_\_\_ (  Single family /  Multi-family /  Mobile home )  
 Commercial Use Type of business: \_\_\_\_\_ Gallons per day: \_\_\_\_\_

Water source:       Private Well                       Public Water                      If Public Water, Water Supplier: \_\_\_\_\_

Septic Tank:     New     Existing    Size: \_\_\_\_\_ gallons                      Make/Model: \_\_\_\_\_     Unknown

Tank Pumped:    Yes     No                      If yes: Company name/address: \_\_\_\_\_                      Date pumped: \_\_\_\_\_

Leaching Pits:                      No. of pits: \_\_\_\_\_                      Diameter: \_\_\_\_\_ ft                      Depth: \_\_\_\_\_ ft

Deep Trench:                      Total linear feet \_\_\_\_\_                      No. of laterals \_\_\_\_\_

Leach Line:                      Length \_\_\_\_\_ ft                      Width: \_\_\_\_\_ ft                      Depth \_\_\_\_\_ ft

Other                      Submit engineer's design specifications

**TANK DESTRUCTION**

Tank Destruction     Yes                       No                      If Yes, include Septic Tank Destruction Application

**CONTRACTOR INFORMATION**

Contractor Name:	License Number
If applicable, Sub Contractor:	License Number

I hereby certify that the above information is true and correct and the proposed work will be done to meet the requirements of Sacramento County Code, Chapter 6.32 and all regulations of the County Health Officer. I certify the information given in this permit is correct to the best of my knowledge and the signature below, whether original, electronic, or photocopies, is authorized and valid. I understand it is my responsibility to notify the property owner of their responsibility to provide EMD with property access for a final onsite wastewater treatment system inspection. An Authorization Letter is required if an Agent is submitting this application on behalf of the property owner. **THIS PERMIT WILL EXPIRE ONE YEAR FROM DATE OF ISSUE. I AGREE TO NOTIFY EMD 24 HOURS IN ADVANCE FOR FINAL INSPECTION.**

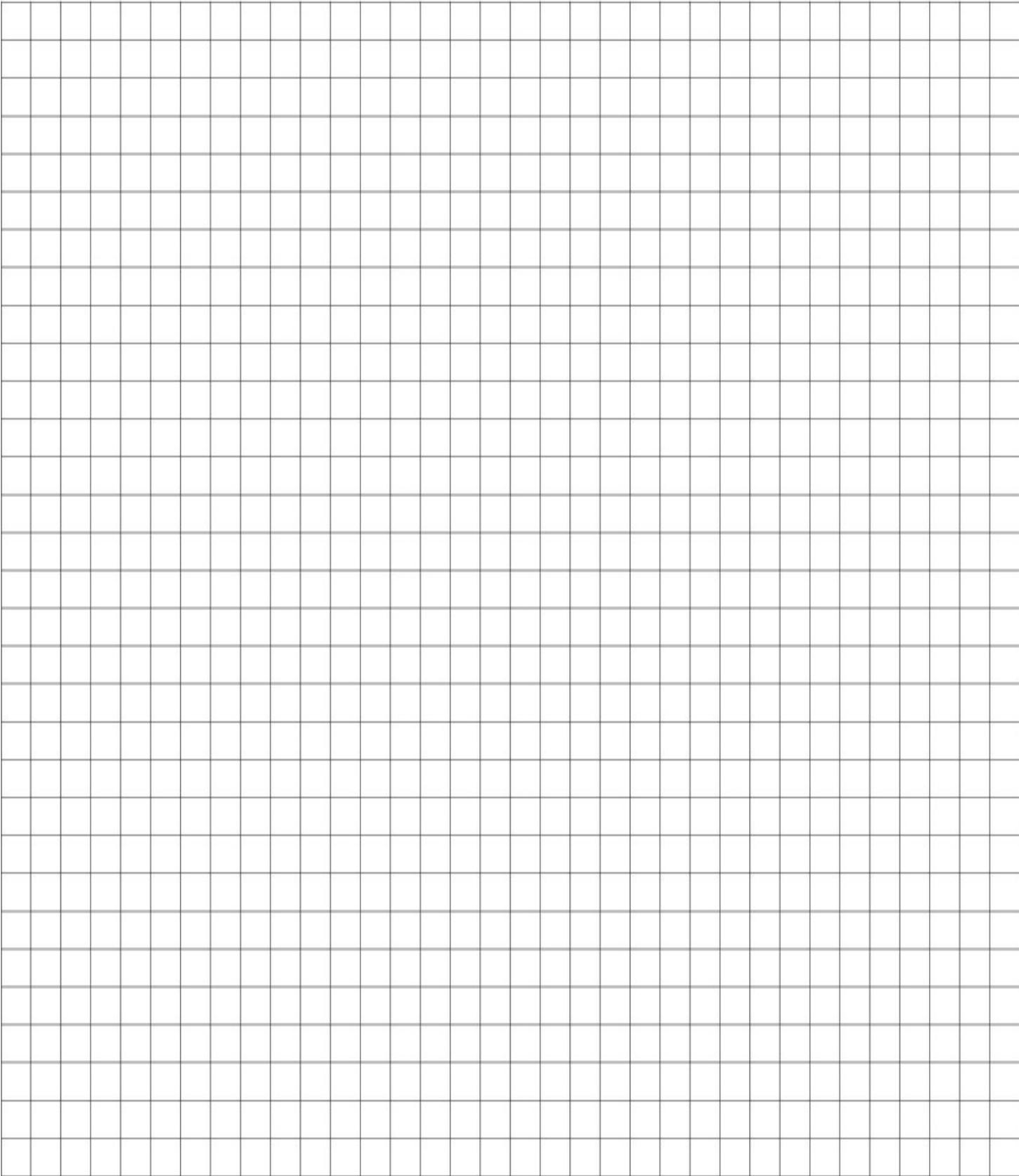
I UNDERSTAND THAT **ANY CHANGES** IN CONTRACTOR (INCLUDING HIRING A SUB-CONTRACTOR), DESIGN, OR MATERIALS WILL VOID MY AUTHORITY TO CONSTRUCT (PERMIT) IF PRIOR APPROVAL IS NOT OBTAINED.

Applicant Name:	Signature:	Date:
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Applicant is:       Property Owner                       Agent                       Contractor

Permit No.: \_\_\_\_\_

**PLOT PLAN**



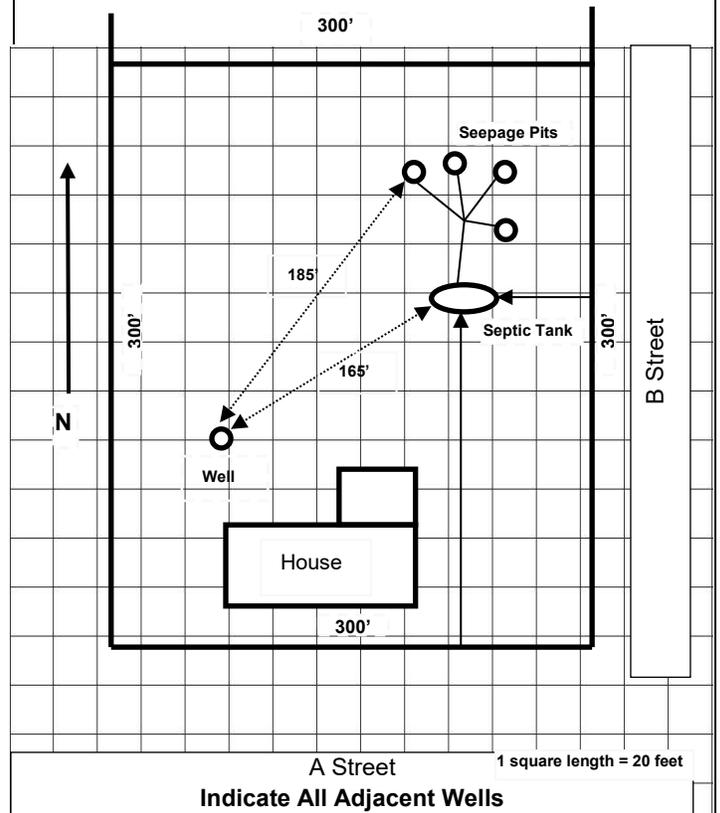
## ON-SITE WASTEWATER TREATMENT SYSTEM PLOT PLAN SPECIFICATIONS

### MINIMUM REQUIREMENTS (SCC 6.32.220):

1. Floor Plan of residence (including the number of bedrooms)
2. North arrow, lot dimensions, property lines, scale, setbacks and side yards
3. Paved area(s), unpaved area(s) subject vehicular traffic, easements, rights-of-way (public and private), structures, dwellings, pools, auxiliary buildings, animal enclosures, easements and rights-of-way, public and private
4. Disposal field area: percent / direction of slope with fifty (50) feet adjacent to it on all sides (a contour map is recommended and may be required), and trees within ten (10) feet of sewage disposal areas (including replacements areas)
5. Fuel tanks, hazardous materials storage area(s), existing and proposed on-site wastewater treatment systems (including replacement areas), abandoned septic tanks, pretreatment and storage devices, sewer lines and storm sewers
6. Plumbing stub-out, water lines (private and public), existing and proposed wells, abandoned wells, springs, neighboring wells, streams, ditches, canals, culverts, ponds, lakes, swales, vernal pools, ten (10) year flood plains, or any body of water (intermittent or perennial) located within one hundred (100) feet of property lines
7. Areas subject to flooding, inundations, storm water runoff, ten-year storm event, etc.
8. Soil profile test holes, percolation test holes, groundwater observation wells
9. Underground utilities within ten (10) feet of on-site wastewater treatment system, including replacement area
10. Cut banks, unstable land forms, bluffs and ravines

**Best Management Practices shall be used during all phases of construction.**

### EXAMPLE



### FOR OFFICE USE ONLY

Permit Approved  Yes  No

By:

Date:

LAMP Tier:

Variance:  Yes  No

Subdivision:

Permit Conditions/Comments:

Commercial System Design Information:

ACCOUNTING

ON #:

AR #:

INVOICE #:

AMOUNT PAID:

**INSPECTION (FOR OFFICE USE ONLY)**

**Most Recent Soil Study  
(Perc Test/Test Drill)**

Date:

ON #:

By:

Date:

By:

GPS: 38° \_\_\_\_\_ -121° \_\_\_\_\_

**ON #:**

**Comments/Notes:**

**Final Inspection**