



LIQUID WASTE PERMIT APPLICATION
ENVIRONMENTAL MANAGEMENT DEPARTMENT • ENVIRONMENTAL COMPLIANCE DIVISION

10590 ARMSTRONG AVENUE • SUITE A • MATHER, CA 95655
 TELEPHONE (916) 875-8550 • FAX (916) 875-8513

LIQUID WASTE INSPECTION LINE: (916) 875-1500

GENERAL INFORMATION

<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)
If Repair, age and design of system: _____			
Reason for failure: _____			

SITE INFORMATION

Address: _____	City: _____	Zip: _____
Cross Street: _____	APN #: _____	Lot size: _____ acres
Property Owner Name: _____	Phone Number: _____	
Soil studies (perc test / test drill) _____	Date: _____	ON#: _____
		By: _____

RESPONSIBLE PARTY (Billing)

<input type="checkbox"/> Contractor	Name: _____	Mailing address: _____
<input type="checkbox"/> Property owner	_____	
<input type="checkbox"/> Consultant	Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone /Fax () - <input type="checkbox"/> email:	

SYSTEM INFORMATION

Intended Use:	<input type="checkbox"/> Residential Use – Number of bedrooms: _____ (<input type="checkbox"/> Single family / <input type="checkbox"/> Mobile home)
	<input type="checkbox"/> Commercial Use – Type of business: _____ Gallons per day: _____
	<input type="checkbox"/> Other, please explain: _____
Water source:	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Water
	Subdivision: _____
Tier: _____	Variance: <input type="checkbox"/> Yes <input type="checkbox"/> No

DESIGN INFORMATION

Septic Tank:	<input type="checkbox"/> New <input type="checkbox"/> Existing	Size: _____ gallons	Tank Pumped: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Make: _____	
Leaching Pits	<input type="checkbox"/>	Quantity: _____ pits	Diameter: _____ ft
			Depth: _____ ft
Deep Trench:	<input type="checkbox"/>	Total linear feet _____	# of laterals _____
Leach Line:	<input type="checkbox"/>	Length _____ ft	Width: _____ in / ft
			Depth _____ in / ft
Other	<input type="checkbox"/>	Submit engineer's design specifications	

PROVIDE A PLOT ON PLAN SHEET AND ATTACH.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT 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. A FEE FOR THE SEWAGE DISPOSAL SYSTEM PERMIT IS SUBMITTED HEREWITH. THIS PERMIT WILL EXPIRE ONE YEAR FROM DATE OF ISSUE. I AGREE TO NOTIFY EMD 24 HOURS IN ADVANCE FOR FINAL INSPECTION.

Print Name: _____ Signature: _____ Date: _____

Property Owner Contractor Lic No: _____ Lic Type: _____ Field Phone# () _____ - _____

OFFICE USE ONLY

Permit Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	By: _____	Date: _____
Permit conditions / comments: _____		

AR# _____	INVC# _____	Amt Paid _____	Date _____	ON# _____
Finald by: _____	Date: _____	GPS: 38 _____	-121.. _____	
Comments _____				