

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
ENVIRONMENTAL HEALTH DIVISION

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787 FAX (530) 225-5413 ehd.co.shasta.ca.us

ONSITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

OWTS _____

- Standard System \$649.15
- Non-Standard System with Alternate Dispersal - \$908.81
- Replacement/Repair Type _____ Fee \$ _____
- Non-Standard System with Supplemental Treatment - \$1,038.64
Submit legal description and *Consultant's Agreement*.

APPLICANT (Shall be licensed contractor or property owner.)

Name _____
 Mailing Address _____
 City, State, Zip Code _____
 Telephone _____
 EMail Address _____

LOCATION OF PROPERTY

Street or Road _____
 Assessor's Parcel Number _____

DIRECTIONS TO LOCATE PROPERTY are to be provided on the back of this application or the back of the plot plan. Directions must be adequate for staff to locate property.

PROPERTY OWNER

Name _____
 Mailing Address _____
 City, State, Zip Code _____
 Telephone _____
 EMail Address _____

PLOT PLAN is to be submitted on **8½ x 11** sheet according to the Sample Plot Plan instructions and show all requested information.

SOIL TESTING A minimum of three percolation tests are required to be submitted in the proposed leach field area. One test pit shall be excavated and a soil profile logged by a person qualified to perform testing under the Shasta County Sewage Disposal Standards.

PROPOSED USE OF PROPERTY

Residential: House Mobile home
 Number of bedrooms _____
 Garbage disposal? Yes No

Test results, including a map from the consultant showing test locations, are attached.

Testing was done when this parcel was created.
 Subdivision _____ Lot # _____
 Parcel Map _____ Lot # _____

Commercial: Complete OWTS Supplemental Data on back of application.

LOT SIZE _____ x _____ or acreage _____

WATER SUPPLY

Public System Name _____
 Private Drilled Well (proposed?) Permit # _____
 Spring Other (describe) _____

SIGNATURE OF CONTRACTOR (if applicant is contractor)

I certify that I am licensed under the provisions of Division 3, Chapter 9 of the Business and Professions Code, and my license is in full force and effect. License # _____

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction.

 SIGNATURE OF CONTRACTOR DATE

Proof of legal creation is required on undeveloped properties.

FOR OFFICE USE ONLY

Zoning/General Plan _____

Use is permitted without use permit or by UP _____

Legal Creation verified _____

Application received by _____ Date _____

\$ _____ received Date _____ Receipt # _____

\$ _____ received Date _____ Receipt # _____

Associated Applications and Projects:

BP # _____ Other _____

Notes: _____

SIGNATURE OF OWNER (required on all applications)

I certify that I am the owner of this property **and** that I will contract with a licensed contractor **OR** that I and my employees, with wages as their sole compensation, will do all of the work.

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction, and hereby authorize representatives of SHASTA COUNTY to enter the property for inspection purposes.

By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

I understand that the Shasta County Department of Resource Management, in releasing this permit for the immediate construction of a sewage disposal system does not guarantee the issuance of any other development permits or land use request for this property.

 SIGNATURE OF OWNER DATE

Approved by _____ Date _____
 Final approval by _____ Date _____

OWTS _____

OWTS PERMIT APPLICATION SUPPLEMENTAL DATA

How many persons reside or will reside at the residence? _____

Do you operate a business from the residence? Yes No

If yes, what type of business? _____

How many employees? _____

What is the estimated gallons of wastewater per day (GPD)? _____ GPD

Notice: Estimates of wastewater volumes shall be made by qualified professionals, based on the California Plumbing Code estimate formulas or using water usage records for the facility or comparable facility and shall include a factor of safety of at least 1.5.

Do you operate a children's daycare facility from your residence? Yes No

Are you planning on installing a plastic or fiberglass septic tank? Yes No

If yes, please provide the septic tank make and model.

Make: _____ Model: _____

LIQUID WASTE FEES:

Standard Onsite Wastewater Treatment System New, Replace, Repair, or Failing Systems.	\$ 649.15
Non-Standard Onsite Wastewater Treatment System with Alternate Dispersal - New, Replace, Repair, or Failing Systems.	\$ 908.81
Non-Standard Onsite Wastewater Treatment System w/ Supplemental Treatment and Alternate Dispersal - New, Replacement, Repair or Failing Systems.	\$ 1,038.64
Leach Line Addition to Existing Onsite Wastewater Treatment System	\$ 259.66
Leach Field Replacement or Repair	\$ 519.32
Tank Replacement or Repair	\$ 259.66
Mobile Home Park/Multi-family Onsite Wastewater Treatment System New and Repair	\$ Permit type fee + \$65.00 per connection
Distribution Box Replacement or Repair	\$ 162.29
Sewage Disposal System Abandonment	\$ 129.83
Onsite Wastewater Treatment System Commercial Site	\$ Permit type fee + \$272.40
Onsite Wastewater Treatment System Violation Inspection	\$ Permit type fee upon application + \$204.30
Onsite Wastewater Treatment System Operating Permit Fee (for OWTS with supplemental treatment)	\$ 129.83