



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

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Healthy People in Healthy Communities

SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

DATE: _____ **FEES ARE NON-REFUNDABLE**

HAVE YOU APPLIED FOR A BUILDING PERMIT? ___ YES ___ NO

- CHECK ONE:
- ___ NEW SYSTEM \$855.00
 - ___ MAJOR REPAIR (BOTH TANK & DRAINFIELD) \$855.00
 - ___ MINOR REPAIR (TANK OR DRAINFIELD) \$445.00
 - ___ ENGINEERED INDIVIDUAL SYSTEM \$980.00
 - ___ COMMERCIAL SYSTEM \$1,100.00
 - ___ ALTERNATIVE / INNOVATIVE SYSTEM \$2,148.00
 - ___ SEPTIC SYSTEM ABANDONMENT \$151.00

PROPERTY OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

SITE ADDRESS _____

*****ASSESSOR'S PARCEL NO.** _____ **(MUST BE COMPLETED)**

WATER SOURCE _____ NUMBER OF WATER SERVICE CONNECTIONS _____

NO. OF BEDROOMS ___ NO. OF POTENTIAL BEDROOMS ___ GARBAGE DISPOSAL - YES / NO

(CIRCLE ONE)

LOCATION OF PROPOSED SEWAGE DISPOSAL SYSTEM (FEET) FROM:

- DWELLING _____ PROPERTY LINE _____
- WELLS _____ WATER COURSE _____
- SLOPE OF PROPERTY _____

AN ACCURATE PLOT PLAN SHALL BE SUBMITTED WITH THIS APPLICATION. (THE SEWAGE DISPOSAL SYSTEM AS WELL AS THE 100% EXPANSION AREA SHALL BE NOTED).

THE APPLICANT SHALL NOTIFY THE ENVIRONMENTAL HEALTH DEPT. PRIOR TO INSTALLATION OF SYSTEM AND PROVIDE THE NAME AND THE CONTRACTOR'S LICENSE NUMBER OF THE INSTALLER.

*****PLEASE PROVIDE THE FOLLOWING INFORMATION IF KNOWN WHEN APPLICATION IS SUBMITTED.***

NAME OF CONTRACTOR/INSTALLER _____

LICENSE NUMBER _____ PHONE # _____

COMPLETE MAILING ADDRESS _____

NOTE: IF FALSE INFORMATION IS SUBMITTED, PERMIT SHALL BE VOID.

PROPERTY OWNER'S SIGNATURE _____