



# SAN BENITO COUNTY

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HEALTH OFFICER

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HEALTH & HUMAN SERVICES AGENCY

**ENVIRONMENTAL HEALTH SERVICES**  
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** \_\_\_\_\_