



# SAN BENITO COUNTY

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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 \_\_\_\_\_**