



SAN BENITO COUNTY

Permit # \_\_\_\_\_

CHERYL SCOTT, MD, MPH
HEALTH OFFICER

TRACEY BELTON
AGENCY DIRECTOR

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 \_\_\_\_\_ BLD# \_\_\_\_\_ 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 \_\_\_\_\_