



HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF ENVIRONMENTAL HEALTH
 100 H STREET, SUITE 100, EUREKA, CA 95501 - 707-445-6215

SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

Application is hereby made to the Humboldt County Division of Environmental Health (DEH) for a permit to construct, repair, modify, renew or destroy a sewage disposal system as specified below, in compliance with the laws and standards of Humboldt County and the State of California.	Legal Conformance	Fee <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Renewal <input type="checkbox"/> Destruction	Receipt No.	Application No.
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Site Address _____ Assessor's Parcel No. (APN) _____ Previous APNs _____ Directions to Site _____	Owner's Name _____ Mailing Address _____ City/State/Zip _____ Phone _____ <input type="checkbox"/> Standard System <input type="checkbox"/> * Non-Standard System * Please note that non-standard systems require an operating permit pursuant to HCC, Chapter 6. The owner / operator will be subject to permit fees and inspections.
No. of Units: _____ No. of Bedrooms: _____ Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Installation Will Serve: <input type="checkbox"/> Residence <input type="checkbox"/> Multiple Housing <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home Park

FOR OFFICE USE ONLY

Septic Tank Size:	Pump Chamber Size:	No. of Lines:	Line Length:	Trench Depth:
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Special Requirements and/or Comments: _____

Terms of Permit

- DEH personnel will be notified a minimum of **48 hours** prior to final inspection. Please note that some systems may require several inspections. **Should situations arise that prohibit a final inspection at the appointed time, the applicant or the applicant's agent shall notify DEH and reschedule the appointment. Failure to do so may result in additional charges to the applicant at the current hourly rate.**
- An inspection by DEH personnel, or other qualified professional (when approved by the Division of Environmental Health), will be obtained prior to covering the system.
- An inspection will not be performed unless a copy of the approved sewage disposal system design is available at the job site.
- Any deviation from the approved plan without prior clearance from DEH may result in revocation of this permit.

The issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation of this system is made by DEH. Approval is based upon information submitted by the applicant. **Field conditions that vary significantly from the approved application information may void this permit.**

The undersigned applicant for a sewage disposal system permit certifies as follows:

<p style="text-align: center;">Contractors' License Law Certificate</p> <input type="checkbox"/> A. The applicant's contractor is licensed under the provisions of the Contractors' License Law, under license number _____, which is in full effect. <input type="checkbox"/> B. The applicant is exempt from the provisions of the Contractors' License Law.	<p style="text-align: center;">Workers' Compensation Certificate</p> <input type="checkbox"/> A. A currently effective certificate of Workers' Compensation Insurance is on file with DEH. Compensation Insurance: Policy: _____ Company: _____ <input type="checkbox"/> B. I certify that in the performance of the work for which this permit is issued that no person will be employed in such a manner as to become subject to the Workers' Compensation laws of California.
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I hereby acknowledge that I have read this application and that the above is correct and agree to comply with all County Ordinances and State Law regulating construction of sewage disposal systems.

This permit shall expire if work authorized is not commenced prior to 1 year following the Building Issuance Date.

X _____ Date _____
 Signature of Owner / Owner's Agent

Building Issuance Date:

System Design Approved by: _____	Date: _____	Construction Approved by: _____	Date: _____
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