ONSITE WASTEWATER TREATMENT SYSTEM PERMIT

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT — 600 E MAIN STREET - STOCKTON CA 95202 - (209) 468-3420

NON-REFUNDABLE PERMIT — CALL (209) 953-7697 FOR INSPECTIONS — EXPIRES 1 YEAR FROM DATE ISSUED

SITE ADDRESS:

JOB ADDRESS _____ CITY/ZIP _____

CROSS STREET _____ APN _____ PARCEL SIZE _____

OWNER NAME _____ PHONE _____

OWNER ADDRESS _____ CITY/STATE/ZIP _____

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY/STATE/ZIP _____

LICENSE ☐ C-42 ☐ C-36 OTHER _____ NUMBER _____ EXPIRATION DATE _____

WATER TABLE DEPTH: _____ ft GEOGRAPHICAL INFORMATION: Coordinates X _____ Y _____

☐ PERC TEST # _____ BUILDING PERMIT # _____ LAND USE APPLICATION # _____

TYPE OF WORK: ☐ NEW INSTALLATION ☐ REPAIR/ADDITION ☐ ENGINEER DESIGNED /ALTERNATIVE
☐ REPLACEMENT _____ ☐ DESTRUCTION _____

INSTALLATION WILL SERVE: ☐ RESIDENCE ☐ COMMERCIAL ☐ OTHER _____
NUMBER OF LIVING UNITS: _____ NUMBER OF BEDROOMS: _____ NUMBER OF EMPLOYEES: _____

❑ SEPTIC TANK TYPE/MFG _____ CAPACITY _____ gal # OF COMPARTMENTS _____
❑ GREASE TRAP TYPE/MFG _____ CAPACITY _____ gal # OF COMPARTMENTS _____
DISTANCE TO NEAREST: WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft
❑ LIFT STATION SIZE _____ TYPE OF PUMP _____ ❑ PKG TX PLANT ❑ SAND OIL SEPARATOR (ENCLOSED SYSTEM)

❑ LEACH LINES ☐ LEACHING CHAMBERS _____ # OF LINES _____ LENGTH OF LINES _____ ft
DISTANCE TO NEAREST WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft
❑ FILTER BED WIDTH _____ ft LENGTH _____ ft DEPTH _____ ft
DISTANCE TO NEAREST WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft
❑ MOUNDED WIDTH _____ ft LENGTH _____ ft DEPTH _____ ft
DISTANCE TO NEAREST WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft
❑ SUMPS WIDTH _____ ft LENGTH _____ ft DEPTH _____ ft
DISTANCE TO NEAREST WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft
❑ DISPOSAL PONDS WIDTH _____ ft LENGTH _____ ft DEPTH _____ ft
DISTANCE TO NEAREST WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft
❑ SEEPAGE PITS NUMBER _____ WIDTH _____ ft DEPTH _____ ft
DISTANCE TO NEAREST WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft

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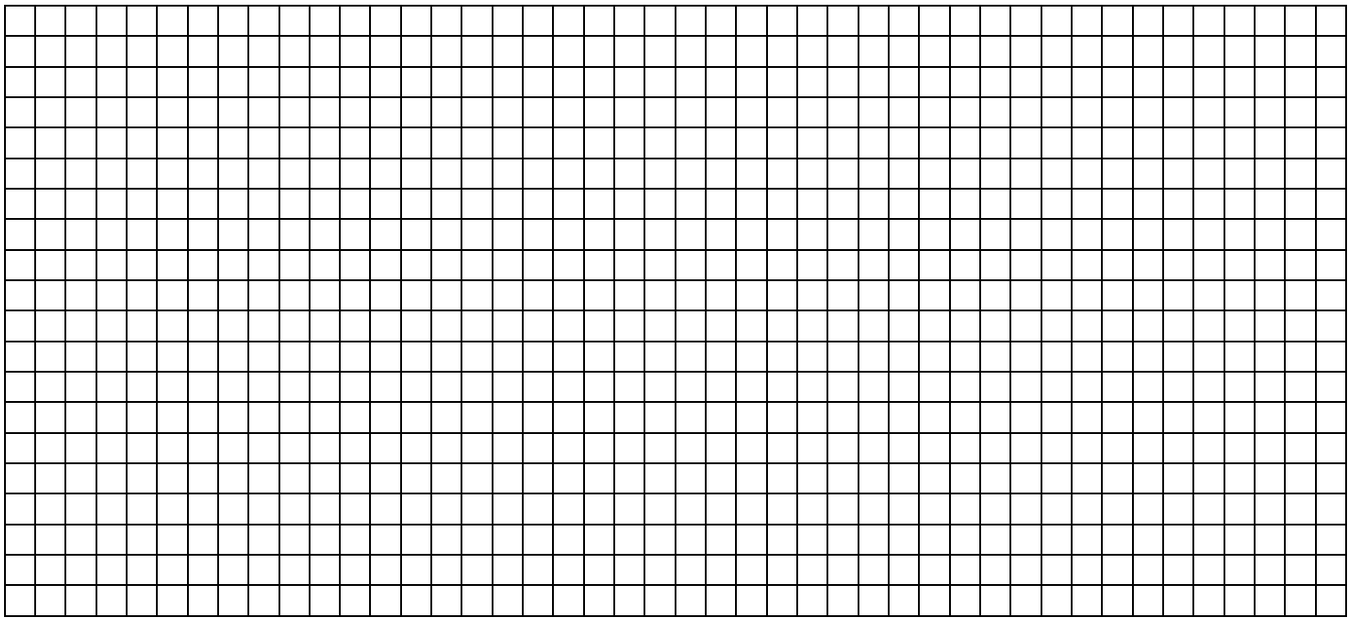
I HEREBY CERTIFY THAT I HAVE PREPARED THIS APPLICATION AND THE WORK WILL BE DONE IN ACCORDANCE WITH SAN JOAQUIN COUNTY ORDINANCES, STATE LAWS AND RULES AND REGULATIONS OF SAN JOAQUIN COUNTY.

MINIMUM 24 HOUR ADVANCE NOTICE REQUIRED FOR INSPECTIONS - PLEASE CALL (209) 953-7697

SIGNED _____ TITLE _____ DATE _____



DEPARTMENT USE ONLY

Application Accepted By _____ Date _____ Area _____ Employee ID# _____
Final Inspection By _____ Date _____ ☐ SPECIAL PERMIT - Approved by _____
Character of Soil to Depth of 3 Ft: _____ Pit/Sump Soil Character: _____
COMMENTS _____

PE Code	SC INFO	Received By	Check#/ Cash	Amount Remitted	Date	Permit/ Service Request #	Invoice #	Permit ID#