ONSITE WASTEWATER TREATMENT SYSTEM PERMIT

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 1868 E. HAZELTON AVENUE - STOCKTON CA 95205 - (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** _____ ☐ **OUT-OF-SERVICE SEPTIC SYSTEM** ☐ **DESTRUCTION** _____

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

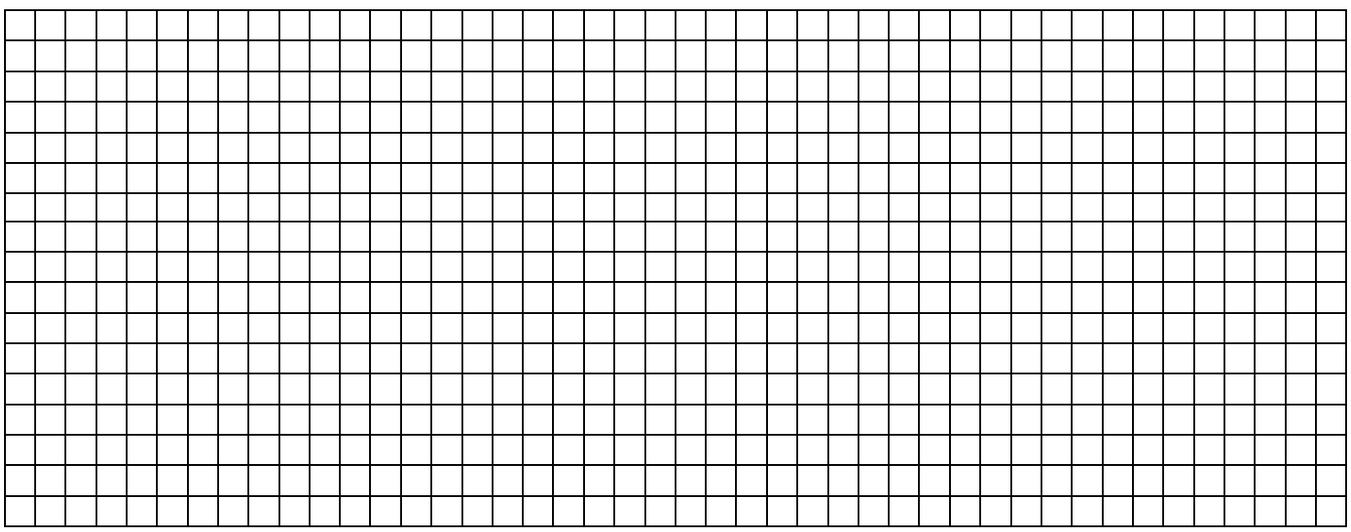
❑ **SEPTIC TANK** TYPE/MFG _____ CAPACITY _____ gal # OF COMPARTMENTS _____
❑ **GREASE TRAP** TYPE/MFG _____ CAPACITY _____ gal # OF COMPARTMENTS _____
DISTANCE TO NEAREST: WELL _____ ft FOUNDATION _____ ft PROPERTY LINE _____ ft
❑ **LIFT STATION** **SIZE** _____ **TYPE OF PUMP** _____ ❑ **PKG TX PLANT** ❑ **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

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 48 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#