

APPLICATION FOR PERMIT TO INSTALL A SEWAGE DISPOSAL SYSTEM

Alpine County Health and Human Services Agency Environmental Health

75-B Diamond Valley Road, Markleeville, CA 96120; 530-694-2146; 530-694-2252 - fax

PLEASE COMPLETE APPLICATION TO THICK BLACK LINE AND RETURN TO THIS OFFICE WITH APPLICABLE PERMIT FEE AS SHOWN ON ATTACHED TABLE.

THREE COPIES OF THIS APPLICATION FORM, WITH THREE COPIES OF THE SITE PLAN OF THE SEWAGE DISPOSAL SYSTEM SHALL BE SUBMITTED

PROPERTY INFORMATION:

Property Owner(s) _____

Mailing Address _____ City, State, Zip _____

Telephone Number _____ Fax Number _____

Assessor's Parcel Number _____ Block _____ Lot _____

INSTALLER INFORMATION:

Owner _____ or Contractor _____ (if contractor, please provide following information)

Installer _____ Cont. License Number _____

Company _____ Telephone Number _____

Business Address _____ City, State, Zip _____

WATER SUPPLY:

Individual _____ Mutual _____ Public Utility (name) _____

TYPE OF STRUCTURE:

Residence _____ Number of Bedrooms _____ Commercial _____

SEPTIC SYSTEM DESIGN INFORMATION:

Septic Tank _____ Leaching Field _____ Leaching Pit _____ Leaching Bed _____ Alternative System _____

Size _____ No. of Laterals _____ Size _____ Size _____

Distribution Box _____ Length of Each _____ Depth of Rock _____ Depth of Rock _____ Engineered System _____

_____ ft. of aggregate
below drain tile

below drain tile

below drain tile

_____ Trench Width

DATE OF WORK:

Start _____ Completion _____

I hereby agree to comply with all regulations of the Alpine County Health Department and with all ordinances and laws of the County of Mono and State of California pertaining to septic system construction, repair, modification, and destruction.

APPLICANT'S SIGNATURE: _____ **DATE** _____

SEWAGE DISPOSAL PERMIT NO. _____

(Valid for Twelve (12) Months from Date of Issue)

VERIFICATION OF CONTRACTOR'S LICENSE _____ \$ _____ FEE PAID ON _____ REC # _____

This certifies that permission is hereby granted to _____

TO INSTALL THE ABOVE SEWAGE DISPOSAL SYSTEM in accordance with the above application.

By: _____
Environmental Health Specialist _____ Date _____

CERTIFICATE OF COMPLETION: _____
Environmental Health Specialist _____ Date _____

INSPECTIONS REQUIRED: Open Trench _____ Prior to Backfilling _____

Additional inspections required for Alternative or Engineered Systems _____

(WHEN SIGNED BY THE HEALTH OFFICER, THIS APPLICATION IS A PERMIT)