

ENVIRONMENTAL HEALTH SERVICE HEALTH SERVICES AGENCY - COUNTY OF SANTA CRUZ  
701 OCEAN ST., ROOM 312, SANTA CRUZ, CA 95060 (831) 454-2022  
**APPLICATION FOR SEWAGE DISPOSAL PERMIT**

**To Be Completed by Applicant:**

**PERMIT NUMBER:** \_\_\_\_\_

Owner's Name \_\_\_\_\_ Assessor's Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Job Address If Different Than Above \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Directions to Site \_\_\_\_\_

Mail Correspondence to: \_\_\_\_\_ Phone: \_\_\_\_\_

**The Proposed Sewage Disposal System Will Serve:**

Validation

Single Residence Number of Bedrooms (Including dens, offices, studios w/o kitchens): \_\_\_\_\_

Existing: \_\_\_\_\_ Proposed (or legalizing): \_\_\_\_\_ Total: \_\_\_\_\_

Multiple Residences --Total No. of Units (with kitchens): \_\_\_\_\_ Total Bedrooms: \_\_\_\_\_

Commercial/Institutional Facility -- Describe: \_\_\_\_\_

Peak daily wastewater flow: \_\_\_\_\_ GPD (Attach meter records and calculations)

List any other uses on the property: \_\_\_\_\_

Water Supply: Public (Company Name): \_\_\_\_\_

Shared (Source APN) \_\_\_\_\_ Individual \_\_\_\_\_

**Contractor's License Law Certificate** (Complete A or B)

**Worker's Compensation Certificate** (Complete A or B)

A. The applicant is licensed under the provisions of the California Contractors License Law under license number \_\_\_\_\_ which is in full force and effect.

A. A currently effective certificate of Worker's Compensation Insurance coverage is on file with Santa Cruz County Environmental Health Service.

B. The applicant is exempt from the provisions of the California Contractors License Law for the following reason:  Owner/Builder  Other \_\_\_\_\_

B. I certify that in the performance of the work for which this permit is issued I shall not employ any person in any so as to become subject to the worker's comp. laws of California

\_\_\_\_\_ X \_\_\_\_\_  
Date Applicant Signature

\_\_\_\_\_ X \_\_\_\_\_  
Date Applicant Signature

- I understand that issuance of a permit by Santa Cruz Environmental Health Service implies no guarantee that the proposed septic system will function indefinitely. Any subsequent septic system failure will require the owner to have the septic tank pumped and make repairs as necessary to confine sewage below ground surface. I hereby acknowledge that I have read this application and the instructions on the reverse side, and state that the information on this page and the following page is correct, and agree to comply with all County Ordinances and State laws regulating construction of private sewage disposal systems.
- Incomplete application for sewage disposal permits will become null and void if all required information is not submitted within one year of date of application. I understand that this permit shall expire: in 24 months after approval if a building permit is not applied for in that period.
- I agree to comply with additional conditions which may be imposed by Staff as listed to ensure that the system meets standards.
- I agree to provide 24-hour notice directly to the Inspector during office hours the morning of the day before an inspection is requested.
- I understand that the County approval of the Sewage Disposal Permit does not constitute County approval of any illegal building or land use activities that may be present on this site.
- I certify that the information contained in this application, particularly pertaining to bedrooms and uses on this site, is accurate.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sewage Disposal Consultant (Print): \_\_\_\_\_ Contractor / Installer (Print): \_\_\_\_\_

PE: \_\_\_\_\_ ON: \_\_\_\_\_

**EHS USE ONLY**

The design for the sewage disposal system presented herein meets the standards for:  Standard System  Alt System  Other

Special Operating System: Fee Level: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 Type: \_\_\_\_\_

Conditional Approval (Pending Review of Building Plans) Date: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

THIS PERMIT EXPIRES ON \_\_\_\_\_ OR WILL BE VALID AS LONG AS THE BUILDING APPLICATION IS VALID.

## PLOT PLAN REQUIREMENTS FOR NEW PRIVATE SEWAGE DISPOSAL SYSTEMS

Please read this sheet carefully and use it as a check list when designing a sewage disposal system. Omission of items will result in a delay in processing your permit. To obtain a permit you will need the following:

- A. Completed application form for Sewage Disposal Permit.
- B. Submit fee.
- C. Two copies of the sewage disposal system plot plan at a scale no smaller than 1" - 30' (min. size 8 1/2 X 11 sheet).

The plan shall have the following information:

1. Owner's name, address of dwelling or structure. Assessor's Parcel Number, scale of drawing, north arrow.
2. Location of dwelling and other structures on lot.
3. Location of property lines, easements, right of ways, roads, and driveways on property.
4. Location of at least one street adjacent to lot.
5. Location of all existing and proposed structures and hard surfaces such as patios, decks, walkways, driveways, and swimming pools.
6. Location and nature of any existing sewage disposal systems on property.
7. Direction of slope of ground indicated by arrows. The plot plan shall indicate the percent slope and include an elevation drawing showing finished grading to be performed and the location of the dwelling and proposed sewage disposal system.
8. For lots with moderate to steep slopes, contour lines shall be shown on the plot plan.
9. Location of wells, springs, streams, drainage ways, and creeks on the property or within 250 feet of the sewage disposal system and expansion area. Indicate if the well is a community well.
10. Location of 100-year flood plain elevation where appropriate.
11. Location of cuts or embankments within 50 feet of the sewage disposal system.
12. Location and design of proposed sewage disposal systems. Show dimensions of leaching distribution system.
13. Location of area reserved for 100 percent expansion of leaching area meeting above requirements.

### Water Supply for New or Existing Development

For new development, the Santa Cruz County Sewage Disposal Ordinance requires an approved domestic water supply for Septic Permit approval for new development. A signed Water Connection Approval slip from the water company from which you will receive service must be submitted to Environmental Health Service (EHS) OR an Individual Water Supply Permit must be obtained from EHS prior to Sewage Disposal System Permit approval. For existing parcels, the water source shall be verified by water records, an individual well permit, IWS and/or recorded well agreement.

### Completion of Application

Incomplete applications for sewage disposal permits will become null and void if all required information is not submitted within **one year** (6 months in the case of repair permits) of date of application.

### Finding of Compliance and Issuance of Permit

Upon approval of the sewage disposal application for new systems, the applicant will be issued a Finding of Compliance which is valid if the associated Building Permit Application is valid, provided a Building Permit is applied for within 24 months of issuance of the Finding of Compliance. Sewage disposal permits (except for repairs) are issued by the County Building Department in conjunction with the issuance of a building permit. Work on sewage disposal systems may not start until the building permit is issued. Sewage disposal permits for repairs are issued by the Environmental Health Service upon approval. No work may commence without 24-hour prior notice to EHS.

### Terms of Permit

- The Environmental Health Service (EHS) Inspector shall be notified directly during office hours (8:00 - 9:30 a.m.) at least 24 hours prior to commencement of work.
- EHS, and Consultant's inspection when required, shall be obtained prior to backfilling.
- The job copy of this permit and approved plan shall be available at the job site during construction.
- Any deviation from the approved plan shall be approved by the EHS prior to construction. Failure to comply with these terms will result in a stop work order being issued to the owner and/or contractor.
- Final approval of the sewage disposal system is required prior to occupancy or use of the building.
- This permit is subject to suspension or revocation if found to be in nonconformance with the Santa Cruz County Code or policies of the EHS.
- A permit to repair an existing sewage disposal system does not authorize or allow additions or remodels to the dwelling or building. Additions and remodels are authorized under section 7.38.080 of the County Code and must be approved by the County Building Department.

**APPLICATION FOR SEWAGE DISPOSAL PERMIT  
 PROPOSED DESIGN SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM**

PERMIT NUMBER: \_\_\_\_\_

Plan Revised Date \_\_\_\_\_ System # \_\_\_\_\_ (multiple systems) Assessors Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Proposal is for (check all that apply):**

- 1. New sewage disposal system to serve new development -- Parcel Size: \_\_\_\_\_ Date Recorded: \_\_\_\_\_  
 Must meet sewage disposal requirements, have an approved water supply and expansion area must be provided.
- 2. Repair/Replacement of system that serves existing development (must meet standard system requirements including expansion area).
- 3. Upgrade of system that serves existing development for addition/remodel purpose \_\_\_\_\_

**System Type**

- 1. Conventional System: \_\_\_\_\_
- 2. Enhanced system design (Treatment and Dispersal): \_\_\_\_\_
- 3. Limited expansion or nonstandard system to serve existing development (cannot meet standard system requirements).
- 4. Septic Tank Only:  Haulaway  Greywater System  Grease Trap  Minor Repair  Other \_\_\_\_\_

**For System Types 2,3,4 and 5, the owner or agent must sign an Acknowledgment of Onsite Sewage Disposal System with Special Operating Conditions, and must comply with the requirements specified in the Acknowledgment, which is made a part of this permit.**

**Proposed System Design:**

Septic Tank  New \_\_\_\_\_  Existing \_\_\_\_\_  
 Septic Tank Size (gallons): \_\_\_\_\_ Material: \_\_\_\_\_ Brand: \_\_\_\_\_  
 Pump Chamber Size (gallons): \_\_\_\_\_ Material: \_\_\_\_\_ Brand: \_\_\_\_\_  
 Grease Trap: Size (gallons): \_\_\_\_\_ Material: \_\_\_\_\_ Brand: \_\_\_\_\_

Design soil percolation rate range in minutes per inch (circle rate): <1    1-5    6-30    31 - 60    61 - 120

- Leaching Specifications:  Other: \_\_\_\_\_
- Trench: Total Linear Feet \_\_\_\_\_ Number of Lines \_\_\_\_\_ Top cover \_\_\_\_\_ Effective Depth \_\_\_\_\_ Width \_\_\_\_\_
- Chambers: Make / Model \_\_\_\_\_ Number of Units \_\_\_\_\_ Total Depth \_\_\_\_\_ Total Linear Feet \_\_\_\_\_
- Drip Tubing: Linear Feet \_\_\_\_\_ # of Lines \_\_\_\_\_ # of Emitters \_\_\_\_\_ Line Spacing \_\_\_\_\_ Total Drip Field Dimensions (Sqft) \_\_\_\_\_
- Seepage Pit (certain Repair/Upgrade) Number \_\_\_\_\_ Diameter \_\_\_\_\_ Flow Depth \_\_\_\_\_ Total Pit (Sqft) \_\_\_\_\_
- Distribution Type \_\_\_\_\_
- Existing approved leaching area \_\_\_\_\_ sqft + Proposed Leaching \_\_\_\_\_ sqft = **Total Sqft of Leaching**

Draw & attach two copies of a plot plan that clearly describes the design (turn page over for plot plan requirements).

=====

**EHS USE ONLY**

Permit conditions to be satisfied prior to final inspection approval: \_\_\_\_\_

	INSPECTOR	DATE		INSPECTOR	DATE
<b>REQUIRED DOCUMENTS</b>			<b>FIELD INSPECTIONS</b>		
WATER SOURCE / IWS:	_____	_____	TANK:	_____	_____
ELECTRICAL PERMIT:	_____	_____	WATER TIGHT TEST:	_____	_____
WATER CONSERVATION:	_____	_____	TANK RISER:	_____	_____
ACKNOWLEDGEMENT:	_____	_____	LEACHING:	_____	_____
RECORDATION:	_____	_____	INSP RISER:	_____	_____
OSSP CONTRACT:	_____	_____	DISTRIBUTION DEVICE:	_____	_____
CONSULTANT LTR:	_____	_____	PUMP TEST:	_____	_____
OTHER: _____	_____	_____	CONTROL PANEL:	_____	_____
OTHER: _____	_____	_____	EROSION CONTROL:	_____	_____
AS BUILT PLAN:	_____	_____	FINAL:	_____	_____

NOTES: \_\_\_\_\_

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