



Division of Environmental Health

100 H Street - Suite 100 - Eureka, CA 95501
 Phone: 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699
 envhealth@co.humboldt.ca.us

**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT APPLICATION
 REPAIR, RENEWAL, MODIFICATION, OR DESTRUCTION**

Application is hereby made to the Humboldt County Department of Health & Human Services, Division of Environmental Health (DEH) for a permit to construct or modify an onsite wastewater treatment system as specified below in compliance with all county ordinances and state law regulating construction of OWTS.		Permit Type: <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Destruction
Applicant Name:	Owner's Name:	
Mailing Address:	Mailing Address:	
Phone Number:	Phone Number:	
Email:	Email:	
Parcel Number:	System will serve:	
Site Address: Street _____	<input type="checkbox"/> Residence: No. of Bedrooms: _____	
City & Zip _____	<input type="checkbox"/> Commercial: Design Flow: _____	
Directions to Site:	<input type="checkbox"/> Multiple Housing: No. of Units: _____ Br / Unit: _____	
	<input type="checkbox"/> Mobile Home Park/Campground: Design Flow: _____	
	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	
<input type="checkbox"/> Standard System <input type="checkbox"/> Non-Standard System**		
**Please note that non-standard systems require an operating permit pursuant to HCC Title VI, Division I, Chapter 6. The owner/operator will be subject to permit fees and inspections.		
Terms of Permit		
1. 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. 2. An inspection by DEH personnel, or other Qualified Professional approved by DEH, will be obtained prior to covering the system. 3. An inspection will not be performed unless a copy of the DEH-approved OWTS design is available at the job site. 4. Any deviation from the approved plan without prior approval from DEH may result in revocation of this permit. 5. This permit shall expire if work authorized is not completed prior to 1 year from the <u>system design approval date</u>.		
<i>The issuance of a permit in no way implies a DEH guarantee of perfect and indefinite operation of this OWTS. Field conditions that vary significantly from the description provided with the application may void this permit.</i>		
The undersigned applicant of the permit certifies as follows		
Contractors' License Law Certification		
<input type="checkbox"/> The applicant's contractor is licensed under the provisions of the Contractors' License Law, under the license number below, _____ which is in full effect.		
OR		
<input type="checkbox"/> The applicant is exempt from the provisions of the Contractor's License Law (owner/builder)		
I hereby acknowledge that I have read this application and that the information provided is correct. I agree to comply with all County Ordinances and State Law regulating construction of onsite wastewater treatment systems.		
Signature of Owner / Owner's Authorized Agent: _____ Date: _____		

If paid by Credit Card**: Date and amount paid: _____ Confirmation #: _____

**Please fill out the information requested above if paid by credit card and attach a copy of the confirmation sheet with this application.

FOR OFFICE USE ONLY				
Septic Tank Size:	Pump Chamber Size:	No. of Lines:	Line Length:	Trench Depth:
Approved Bedroom Count:		Approved Design Flow:		
Special Requirements and/or Comments:				
System Design Approved by:		Date:	Reviewed By:	Date:
Construction Approved by:			Date:	
Amount Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> oPay: _____ <input type="checkbox"/> Check: _____	Receipt No.:	Amount Received:	
\$				
Paid by:			Date of Payment:	
Additional Amount Due:		Date Additional Amount Paid:	Additional Payment:	
Project No.:		Previous Project No.:	Extension Date:	