



Inyo County Environmental Health Department
 1360 North Main Street, Ste 228, Bishop, CA 93514
 760-878-0238 inyoehd@inyocounty.us

<i>TYPE OF WORK:</i>			
NEW SYSTEM	<input type="checkbox"/>	TANK REPLACEMENT	<input type="checkbox"/>
SYSTEM REPAIR	<input type="checkbox"/>	TANK ABANDONMENT	<input type="checkbox"/>

APPLICATION FOR A SEWAGE DISPOSAL SYSTEM PERMIT

OWNER'S INFORMATION:

NAME:	MAILING ADDRESS:	CITY:	ZIP CODE:
EMAIL:	PHONE:		

CONTRACTOR INFORMATION:

CONTRACTOR OR BUSINESS NAME:	
ADDRESS:	
EMAIL:	PHONE:
LICENSE NUMBER:	EXPIRES:

ALL SEWAGE SYSTEMS MUST COMPLY WITH THE UNIFORM PLUMBING CODE AND INYO COUNTY AND WASTEWATER POLICY.

<u>ASSESSOR PARCEL NUMBER:</u>	<u>SLOPE:</u>	<u>NO. OF BEDROOMS:</u>	<u>RESIDENTIAL:</u> <input type="checkbox"/>
			<u>COMMERCIAL:</u> <input type="checkbox"/>

<u>PHYSICAL SITE ADDRESS:</u>	<u>SQFT OF PROPERTY:</u>	<u>SUBDIVISION:</u>
<u>SIZE OF SEPTIC TANK:</u>	<u>TYPE AND MFG. OF TANK:</u>	<u>GREASE TRAP INSTALLED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>SQ FT OF ABSORPTION AREA:</u>	<u>SOIL TYPE:</u>	<u>DEPTH OF SEASONAL GROUNDWATER:</u>
<u>DISTANCE OF SYSTEM FROM:</u>		
WELLS: _____ (Including neighbor walls)	FRONT PROPERTY LINE: _____	SIDE PROPERTY LINES: _____
REAR PROPERTY LINE: _____	SURFACE WATER: _____ (Include seasonal stream)	PLOT PLAN ATTACHED: <input type="checkbox"/>

I HEREBY CERTIFY THAT THE PROPOSED SEWAGE DISPOSAL SYSTEM WILL BE INSTALLED ACCORDING TO THE ABOVE SPECIFICATIONS AND AS PROVIDED BY THE REGULATIONS OF INYO COUNTY ENVIRONMENTAL HEALTH DEPARTMENT AND STATE LAW. THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. NO REFUNDS AFTER EXPIRATION OF THIS PERMIT.

NOTE: CALL FOR AN INSPECTION BEFORE COVERING THE SYSTEM! FINAL INSPECTION MUST BE COMPLETED FOR SYSTEM IS COVERED.

SIGNATURE (OWNER OR CONTRACTOR) _____

PRINT NAME: _____

DATE: _____

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OFFICE USE ONLY

<p><u>PERCOLATION TEST RESULT:</u></p> <p>DATE: PERFORMED BY: COMMENTS:</p>	<p><u>SOIL PROFILE HOLE:</u></p> <p>DATE: PERFORMED BY:</p>	<p><u>ABSORPTION AREA CROSS SECTION:</u></p>
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<u>SITE APPROVAL/PERMIT APPLICATION APPROVAL:</u>	
REHS SIGNATURE: _____	DATE: _____
<u>CONSTRUCTION INSPECTION:</u>	
REHS SIGNATURE: _____	DATE: _____
<u>FINAL INSPECTION:</u>	
REHS SIGNATURE: _____	DATE: _____

PERMIT NO. _____	\$	FEE PAID ON _____
CK # _____		CC TRANSACTION # _____



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PLOT PLAN

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InyoEHD@inyocounty.us · (760) 878-0238

Application Type:

Sewage Disposal/Septic System

Water Well/Drilling

APN: _____ Permit No: _____



Large empty rectangular area for the plot plan drawing.