INYO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES

P. 0. Box 427, Independence, CA 93526 (760) 878-0238 Fax (760) 878-0239

www. inyocounty.us/environmentalhealth

207 W. South Street, Bishop, CA 93514 (760) 873-7866 Fax (760) 873-3236

APPLICATION FOR A SEWAGE DISPOSAL SYSTEM PERMIT

	7						
TYPE OF WORK (Check) New System ☐ Tank Replacement ☐			•	(FOR OFFICE USE ONLY)			
System Repair Tank Abandonment	Permit No			\$ Fee Paid	on	Receipt No	
OWNERS NAME:							
EMAIL ADDRESS:					PHONE:		
CONTRACTOR OR BUILDER:	ADDRESS:		PHONE:				
CONTRACTORS LICENSE NUMBER:							
ALL SEWAGE SYSTEMS MUST COMPLY WITH THE UNIFORM PLUMBING CODE AND INYO COUNTY CODE AND WASTEWATER POLICY							
PHYSICAL SITE ADDRESS;		SIZE OF PROPERTY:			SUBDIVISION:		
ASSESSORS PARCEL NUMBER:		SLOPE:		NO. OF BEDROOMS:	RESIDENTI COMMERC		
SIZE OF SEPTIC TANK:	TYPE AND N				GREASE TRAP: YES □ NO □		
SQUARE FEET OF ABSORPTION AREA:		SOIL TYPE:			DEPTH TO SEASONAL HIGH GROUNDWATER:		
DISTANCE OF SYSTEM FROM: WELLS FRONT PROPERTY LINE SIDE PROPERTY LINES (including neighboring wells) PLOT PLAN ATTACHED: REAR PROPERTY LINE SURFACE WATER (include seasonal stream)							
(FOR OFFICE USE ONLY)							
PERCOLATION TEST RESULTS:	SOIL PROFILE HOLE DATE:			ABSORPTION AREA CROSS SECTION:			
DATE:	PERFORMED BY:						
PERFORMED BY:					H		
COMMENTS:							
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			Site Approv	al/Permit Application App	roval	Date	
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 Department of Environmental Health Services and State Law. This perm is valid for one year from date of issuance. Note: Call for an inspection before covering the system.			Construction Inspection Date			Date	
						Date	
			Final Inspec	NOT COVER SYSTEM B	EODE EINIVI		
Signature (Owner or Contractor) Date			MOIE: DOI	AOL COVER 9191EM B	TONE LINAL	HOL FOLION	