



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

TYPE OF WORK:			
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:
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.

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

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

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.

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: _____</p> <p>PERFORMED BY: _____</p> <p>COMMENTS: _____</p>	<p><u>SOIL PROFILE HOLE:</u></p> <p>DATE: _____</p> <p>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 # _____