



ENVIRONMENTAL HEALTH DIVISION

2120 Diamond Blvd., Suite 200

Concord, CA 94520

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www.cchealth.org/eh/

Application to Construct an Alternative Sewage Disposal System
APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)

Property Information

Address:		City:	Zip Code:
Assessor's Parcel #:	Lot Area square feet	Water Supply: <input type="checkbox"/> Public Utility <input type="checkbox"/> Private Well	

Applicant Information

Property Owner(s): Print Name: _____
Signature: _____

Applicant Name: Print Name: _____
Signature: _____

NOTE: If the applicant is not the property owner, a release will be required from the property owner(s).

Owner's Mailing Address: _____
City, State, Zip Code: _____

Telephone #s: Owner: (____) _____
Applicant: (____) _____

System Information

Type of System: Mound PDST Sand Filter Other
% maximum slope in area of system: _____ Material of septic tank: _____
(Include a slope stability report if slope exceeds 20%)
Septic Tank size: _____ gallons Pump Chamber size: _____ gallons Design Daily Flow: _____ gpd
Low Flow Fixtures: Yes No Disposal Field: Depth: _____ Width: _____ Length: _____
 Gravel Chamber Size of gravel: _____ Model of Chamber: _____
of bedrooms proposed: _____ (To include all rooms affording privacy which could be used as bedrooms)

Consultant Name and Address:		Contractor Name and Address:	
Contact Person:		Contact Person:	
License #:	Expires:	License #:	Expires:
Workers Comp. #:	Expires:	Workers Comp. #:	Expires:
Phone #:		Phone #:	

NOTE: Acceptance of an application does not guarantee that it is complete, nor does it guarantee that it will be accepted for processing. If an application is found to be lacking any required information it may be returned to the applicant. Acceptance of an application as complete does not guarantee that a permit will be issued. The issuance of a permit does not ensure that a system will operate satisfactorily.

DO NOT WRITE BELOW THIS LINE

Permit to construct approved by: _____ Date: _____

Permit denied by: _____ Date: _____

Final construction approval by: _____ Date: _____

Conditions of Approval

1. Owner must comply with the conditions detailed in the supplements to Application to Construct an Alternative Sewage Disposal System.
2. Prior to final approval a written report from the designer that the system has been installed and is functioning as designed shall be provided to the Environmental Health Division. An as-built drawing shall be provided with the written report.
3. All portions of the alternative system must pass inspection by the Environmental Health Division prior to covering.
4. Other: _____
