



ENVIRONMENTAL HEALTH DIVISION

2120 DIAMOND BOULEVARD, SUITE 200
 CONCORD, CA 94520
 (925) 692-2500 FAX (925) 692-2502
 www.cchealth.org/eh



SEPTIC SYSTEM CONSTRUCTION PERMIT APPLICATION

Incomplete Applications will be rejected – please mark all check-off boxes as applicable.

Type of Work

- New Conventional w/ Design Plan (12)
- New Alternative w/ Design Plan (15)
- Minor Repair (28)
- Repair/Alteration (19)
- Alternative Replacement (20)
- Conventional Replacement (14)
- Abandonment (21)
- Tank Replacement (includes Abandonment) (25)
- Conventional DESIGN REVIEW ONLY (42)
- Alternative DESIGN REVIEW ONLY (43)
- Other_____

Type of Building

- Single-Family Dwelling
- Multiple-Family Dwelling
- Commercial
- Industrial
- Other_____

Projected Sewage Flow

- No. of Bedrooms _____
- No. of Employees _____
- No. of Seats _____
- Other_____

Water Supply

- Off-site Public Water
- On-site Public Water
- Name of Supplier_____
- Private Well
- Number of Wells_____

PLOT PLAN REQUIRED – for instructions see “The Septic System Permit Process” handout.

PLEASE PRINT CLEARLY. *REQUIRED FIELDS MUST BE COMPLETED – INCOMPLETE APPLICATIONS WILL BE REJECTED.

THE APPLICATION IS NOT THE PERMIT. ALLOW 5-7 WORKING DAYS FOR PROCESSING. PLAN REVIEW IS 28 DAYS; SUBMIT FOUR SETS OF PLANS.

| | | | |
|--|-------------------|-------------------------|---------------------------------|
| *Legal Owner's Name | | | |
| *Legal Owner Address | | *Owner Email Address: | |
| *City/ State/ Zip | | Country | *Owner Telephone |
| *Owner Billing Address (if different from above) | | | |
| Site Address/ City/ State/ Zip: (if different from above): | | Assessor's Parcel # | Subdivision/Minor Subdivision # |
| *Contractor: | | | Lot/Parcel # |
| *Contractor Contact Person: | | *Email Address: | |
| *Contractor's Address/ City/ State/ Zip Code: | | *Contractor's License # | *Contact Person's Telephone #: |
| *Plan Design by: | *Designer's Name: | | *Designer's Telephone #: |
| *Plan Designer's Address/City/State/Zip Code: | | *Email Address: | |

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all permit conditions and applicable laws and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final approval, and obtain written authorization prior to deviating from the approved permit or plans, or placing the system in service. The issuance of this permit by Contra Costa Environmental Health Division does not guarantee a satisfactory or an indefinite operation of any septic system.

Signature of Owner or Agent

Date

Signature of Designer or Contractor

Date

| FOR OFFICE USE ONLY | | | | | | |
|---------------------|-----------------|---|----------------|----------------|-------|-------------|
| Facility ID#: | ON#: | Permit# | P/E: 42 | Census Tract: | REHS: | Supervisor: |
| Amount Due: \$ | Amount Paid: \$ | CASH / Credit Card: MC _____ VISA _____ | Check # | Date Received: | XR: | |
| Initial: | Date Approved: | <input type="checkbox"/> CONDITIONS: | | | | |

Revised 2.24.17

Y:FORMS-INFORMATION/Land Use/Applications/Septic System Construction Permit Application