



**ENVIRONMENTAL HEALTH DIVISION**

2120 DIAMOND BOULEVARD, SUITE 100  
 CONCORD, CA 94520  
 (925) 608-5500 FAX (925) 608-5500  
 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 – Refer to the Health Officer Regulations for Sewage Disposal**

PLEASE PRINT CLEARLY. \*REQUIRED FIELDS MUST BE COMPLETED  
 THE APPLICATION IS NOT THE PERMIT. 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						
FA#	ON#	SR#	P/E: <b>42</b> _____	Census Tract:	REHS:	Supervisor:
Amount Due:	Amount Paid:	CASH / CC: <input type="checkbox"/> MC <input type="checkbox"/> VISA		Check #	Date Received:	XR:
Initial:	Date Approved:	<input type="checkbox"/> <b>CONDITIONS:</b>				

Revised 10.15.19

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