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HEALTH & HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

Healthy People in Healthy Communities

SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION (Revised July 2008)

DATE: _____

FEES ARE NON-REFUNDABLE

HAVE YOU APPLIED FOR A BUILDING PERMIT? YES NO

- CHECK ONE:**
- NEW SYSTEM \$572.00
 - MAJOR REPAIR (BOTH TANK & DRAINFIELD) \$572.00
 - MINOR REPAIR (TANK OR DRAINFIELD) \$294.00
 - ENGINEERED INDIVIDUAL SYSTEM \$629.00
 - COMMERCIAL SYSTEM \$783.00
 - ALTERNATIVE / INNOVATIVE SYSTEM \$1357.00
 - SEPTIC SYSTEM ABANDONMENT \$88.00

PROPERTY OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

SITE ADDRESS _____

***ASSESSOR'S PARCEL NO. _____ (MUST BE COMPLETED)

WATER SOURCE _____ NUMBER OF WATER SERVICE CONNECTIONS _____

NO. OF BEDROOMS _____ NO. OF POTENTIAL BEDROOMS _____ GARBAGE DISPOSAL - YES / NO
(CIRCLE ONE)

LOCATION OF PROPOSED SEWAGE DISPOSAL SYSTEM (FEET) FROM:

DWELLING _____ PROPERTY LINE _____
 WELLS _____ WATER COURSE _____
 SLOPE OF PROPERTY _____

AN ACCURATE PLOT PLAN SHALL BE SUBMITTED WITH THIS APPLICATION. (THE SEWAGE DISPOSAL SYSTEM AS WELL AS THE 100% EXPANSION AREA SHALL BE NOTED).

THE APPLICANT SHALL NOTIFY THE ENVIRONMENTAL HEALTH DEPT. PRIOR TO INSTALLATION OF SYSTEM AND PROVIDE THE NAME AND THE CONTRACTOR'S LICENSE NUMBER OF THE INSTALLER.

****PLEASE PROVIDE THE FOLLOWING INFORMATION IF KNOWN WHEN APPLICATION IS SUBMITTED.**

NAME OF CONTRACTOR/INSTALLER _____

LICENSE NUMBER _____ PHONE # _____

COMPLETE MAILING ADDRESS _____

NOTE: IF FALSE INFORMATION IS SUBMITTED, PERMIT SHALL BE VOID.

PROPERTY OWNER'S SIGNATURE _____

PUBLIC HEALTH SERVICES
439 Fourth Street
Hollister, CA 95023
831-637-5367
Revised 6/30/08

MEDICAL THERAPY UNIT
761 Line Street
Hollister, CA 95023
831-637-1989

ENVIRONMENTAL HEALTH SERVICES
1111 San Felipe Road, Ste 101
Hollister, CA 95023
831-636-4035

HEALTH EDUCATION PROGRAMS
1111 San Felipe Road, Ste 102
Hollister, CA 95023
831-636-4011

EMERGENCY MEDICAL SERVICES
1111 San Felipe Road, Ste 102
Hollister, CA 95023
831-636-4066