



Wastewater System Construction Permit Application

APN: - -

Job Site Address: _____

Wastewater (Septic) Permit # _____
(Use this Number for Inspection Request)

Associated Building Permit # _____
(For Reference Only)

OWNER INFORMATION

Name: _____ Phone No. _____ Email: _____
Mailing Address: (street, city, zip) _____

APPLICANT INFORMATION

Name: _____ Phone No. _____ Email: _____
Mailing Address: (street, city, zip) _____
Contractor / Installer: _____ License No. _____ Phone No. _____

PROPERTY INFORMATION

Acreage: _____ Subdivision: _____ Lot No. _____ Existing Building(s): _____

WATER SOURCE: [] Well [] Public: _____

SYSTEM TYPE: [] Standard [] Non-Standard [] Treatment (Supplemental) Type: _____
[] New [] Expansion/Modification [] Repair [] Septic Tank Only [] Abandonment [] Other: _____

WORKERS' COMPENSATION DECLARATION

Please read carefully and check one statement:

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation...
I have and will maintain workers' compensation insurance...
I certify that in the performance of the work for which this permit is issued, I shall not employ any person...

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

THIS APPLICATION BECOMES A PERMIT WHEN SIGNED BY THE ENVIRONMENTAL HEALTH DEPARTMENT. A COPY OF THIS PERMIT AND AN APPROVED SITE PLAN MUST BE ON THE JOB SITE DURING SYSTEM CONSTRUCTION.

CALL ENVIRONMENTAL HEALTH DEPARTMENT FOR INSPECTION PRIOR TO ANY BACKFILL (530)265-1599

THIS PERMIT EXPIRES 2 YEARS AFTER ISSUE DATE. PERMIT MAY BE RENEWED ONE TIME FOR 2 ADDITIONAL YEARS IF RENEWAL APPLICATION IS MADE PRIOR TO DATE PERMIT EXPIRES.

BY MY SIGNATURE, I AFFIRM THAT I UNDERSTAND THE SYSTEM MUST CONFORM TO THE CURRENT NEVADA COUNTY LAND USE AND DEVELOPMENT CODE, CHAPTER VI (SEWAGE DISPOSAL ORDINANCE AND REGULATIONS), AND THAT I AM RESPONSIBLE FOR COMPLIANCE WITH THE CODE, THIS PERMIT AND PERMIT CONDITIONS. I HEREBY CERTIFY THAT THE PROPERTY OWNER HAS AUTHORIZED THIS APPLICATION FOR A CONSTRUCTION PERMIT.

Applicant's Signature: _____ Date: _____

***** OFFICE USE ONLY *****

REQUIRED ITEMS FOR PERMIT APPROVAL

- Accurate "As-Built" Drawing
Consultant's written Certification of Installation
Septic Pumper's Inspection report/receipt
Monitoring and Maintenance
'Right of Entry' Document must be recorded, and a confirmed copy provided to this Department for permit final approval
Annual Operating Permit Application and Fee

WATER SUPPLY

Needed for Building Permit Clearance & Final Occupancy

[] COMMUNITY SYSTEM / NID Will Serve Letter: Required Received
[] PRIVATE WELL Permit #: Well Yield: gpm Storage: Raw Water Certification

Remarks:

SEWAGE DISPOSAL

Size of Septic Tank: Leachline Specifications
Size of Pump Tank: Length: Width: Depth: Area: ft^2
Special Design System Specifications/Remarks: _____

Issued By: _____ Issued Date: _____

Final Approval By: _____ Final Approval Date: _____