

**COUNTY OF MARIN
ENVIRONMENTAL HEALTH SERVICES**

3501 Civic Center Drive, Room 236
San Rafael, CA 94903
415-499-6907 FAX 415-507-4120 www.co.marin.ca.us/ehs

OFFICE USE ONLY	
Fee \$	_____
Check #	_____
Receipt #	_____
Date	_____
Received by	_____
PERMIT #	_____

For all applications: Public Water Domestic Well Irrigation Well

SEPTIC APPLICATION (check appropriate type)

- Office Consultation Field Consultation Pre-Application Meeting
 Site Review Site Visit Prior to Building Permit Permit to Construct Tank Abandonment

If applying to Construct, indicate Type of System: Standard Alternative*

- New System Repair Tank Replacement Minor Modification

OWNER'S NAME: _____

Mailing Address: _____
_____ Zip _____

Phone: () _____ Fax: () _____

APPLICANT: _____

Complete ONLY if the Applicant (i.e. potential buyer) is not the property owner. A release will be required from the property owner.

Mailing Address _____
_____ Zip _____

Phone: () _____ Fax: () _____

SITE ADDRESS: _____

City: _____

ASSESSOR'S PARCEL # _ _ - _ - -

CONSULTANT: _____

Address: _____

City: _____ Zip _____

Telephone: () _____

Workers Comp #: _____ Expires ____ / ____

License # _____ Expires ____ / ____

Business # _____ (Marin Co. only)

CONTRACTOR: _____

Workers Comp #: _____ Expires ____ / ____

License # _____ Expires ____ / ____

Business # _____ (Marin Co. only)

Complete if applying for SITE REVIEW : (Perc Tests, Soil Profiles and Groundwater Inspections)

Property Location (include location map and assessors parcel map) _____

Comments: _____

Complete if applying for permit for REPLACE TANK ONLY OR TANK ABANDONMENT:

Septic Tank Material: _____ Number of gallons liquid capacity: _____

* Three copies of site plan showing location of septic tank are required with application.

SYSTEM INFORMATION – Complete if applying for PERMIT TO CONSTRUCT a system OR for SITE VISIT prior to Building Permit

Type of system: Mound _____ PDST _____ Sand Filter _____ Standard _____ Other (describe) _____

System area maximum slope: _____ Material of septic tank: _____
(Include a slope stability report if slope exceeds 20%; see Sec. 403 of the Regulations)

Septic tank size: _____ gallons Sump chamber size: _____ gallons

Design daily flow: _____ gpd Low Flow Fixtures? Yes _____ No _____

Number of bedrooms proposed: _____ (all rooms affording privacy which could be used as bedrooms)

Please attach the following: three copies of the plans, calculations, slope stability report, construction inspection schedule and ** operation, maintenance and monitoring instructions for the homeowner, and contingency plan (** alternative systems only)

Signature of Owner, Applicant, Owner's Representative: _____
Date: _____

Note: Acceptance of an application does not guarantee that it is either complete or acceptable for processing. Incomplete applications may be returned to the applicant. Acceptance of a complete application does not guarantee that a permit will be issued. The issuance of a permit does not ensure that a system will operate satisfactorily.

* New alternative systems require a Permit to Operate and a Supplemental Permit to Construct An Alternative Sewage Disposal Systems 4