

APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT

To Be Completed by Installer / Designer / Property Owner:

PERMIT NUMBER: _____

Property Owner's (P.O.) Name _____ Assessor's Parcel # _____ - _____ - _____

Job Address _____ City _____ State _____ Zip _____

P.O. Email Address _____ P.O. Phone # _____

P.O. Mailing Address, if different than above _____

Designer Name _____ Email _____ Phone _____

Send OWTS permit to: Name: _____ Address: _____

The proposed OWTS will serve:

~~Single Residence~~ Number of Bedrooms (Including dens, offices, studios w/o kitchens):

Existing: _____ Proposed (or legalizing): _____ Total: _____ +

Multiple Residences --Total No. of Units with kitchens: _____ |

Bedrooms SFD _____ + # Bedrooms ADU _____ = Total Bed _____ + _____ |

Commercial/Institutional Facility -- Describe: _____ |

Peak daily wastewater flow: _____ GPD (Attach meter records and calculations) |

Water Supply: Public (Company Name): _____ |

Shared (Source APN) _____ Individual _____ |

Contractor's License Law Certificate (Complete A or B)

A. The applicant is licensed under the provisions of the California Contractors License Law under license number _____ which is in full force and effect.

B. The applicant is exempt from the provisions of the California Contractors License Law for the following reason:
 Owner/Builder Other _____

Worker's Compensation Certificate (Complete A or B)

A. A currently effective certificate of Worker's Compensation Insurance coverage is on file with Santa Cruz County Environmental Health.

B. I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner as to become subject to the worker's comp. laws of California

_____ X _____
 Date Installer/Property Owner Signature

_____ X _____
 Date Installer/Property Owner Signature

- I understand that issuance of a permit by Santa Cruz County Environmental Health Services implies no guarantee that the proposed OWTS will function indefinitely. Any subsequent OWTS failure will require the owner to have the septic tank pumped and make repairs as necessary to confine sewage below ground surface. I hereby acknowledge that I have read this application and the instructions on the reverse side, and state that the information on this page and the following page is correct, and agree to comply with all County Ordinances and State laws regulating construction of private sewage disposal systems.
- Incomplete application for OWTS permits will become null and void if all required information is not submitted within one year of date of application.
- I understand that this permit shall expire in 24 months after approval if a building permit is not applied for in that period.
- I agree to comply with additional conditions which may be imposed by Staff as listed to ensure that the system meets standards.
- I agree to provide 24-hour notice directly to the Inspector during office hours the morning of the day before an inspection is requested.
- I understand that the County approval of the OWTS Permit does not constitute County approval of any illegal building or land use activities that may be present on this site.
- I certify that the information contained in this application, particularly pertaining to bedrooms and uses on this site, is accurate.

OWTS Designer Signature: _____ Property Owner Signature: _____ (required) Date: _____

OWTS Installer name _____ OWTS Installer email: _____

PE: _____ ON: _____ **EH USE ONLY**

The design for the OWTS system presented herein meets the standards for: Standard System ET System Other _____

Special Operating System: Fee Level: [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 Type: _____

Conditional Approval (Pending Review of Building Plans) By: _____ Date: _____ Manager: _____ Date: _____

Application Approved by: _____ Date: _____ Manager: _____ Date: _____

THIS PERMIT EXPIRES ON _____ OR WILL BE VALID AS LONG AS THE BUILDING APPLICATION IS VALID.

PLOT PLAN REQUIREMENTS FOR NEW OWTS

Please read this sheet carefully and use it as a check list when designing an OWTS plan.

Omission of items will result in a delay in processing your permit. To obtain a permit you will need the following:

- A. Completed application form for OWTS Permit.
- B. Submit fee.
- C. Two copies of the OWTS plot plan at a scale no smaller than 1" - 30' (minimum size 8 1/2 X 11 sheet).

The plan shall have the following information:

1. Property owner's name, address of dwelling or structure, Assessor's Parcel Number, scale of drawing, North arrow.
2. Location of dwelling and other structures on lot.
3. Location of property lines, easements, right of ways, roads, and driveways on property.
4. Location of at least one street adjacent to lot.
5. Location of all existing and proposed structures and hard surfaces such as patios, decks, walkways, driveways, and swimming pools.
6. Location and nature of any existing sewage disposal systems on property.
7. Direction of slope of ground indicated by arrows. The plot plan shall indicate the **percent slope** and include an elevation drawing showing finished grading to be performed and the location of the dwelling and proposed OWTS.
8. For lots with moderate to steep slopes, contour lines shall be shown on the plot plan.
9. Location of wells, springs, streams, drainage ways, and creeks on the property or within 250 feet of the OWTS and expansion area. Indicate if the well is a community well.
10. Location of 100-year flood plain elevation where appropriate.
11. Location of cuts or embankments within 50 feet of the OWTS.
12. Location and design of proposed OTWS. Show dimensions of leaching distribution system.
13. Location of area reserved for 100 percent expansion of leaching area meeting above requirements.

Water Supply for New or Existing Development

For new development, the Santa Cruz County Onsite Wastewater Treatment System (OWTS) Ordinance requires an approved domestic water supply for OWTS Permit approval for new development. A signed Water Connection Approval slip from the water company from which you will receive service must be submitted to Environmental Health OR an Individual Water Supply Permit must be obtained from Environmental Health prior to OWTS Permit approval. For existing parcels, the water source shall be verified by water records, an individual well permit, IWS and/or recorded well agreement.

Completion of Application

Incomplete permit applications for OWTS will become null and void if all required information is not submitted within **one year** (6 months in the case of repair permits) of the date of application.

Finding of Compliance and Issuance of Permit

Upon approval of the OWTS application for new systems, the applicant will be issued a Finding of Compliance which is valid if the associated Building Permit Application is valid, provided a Building Permit is applied for within 24 months of issuance of the Finding of Compliance. OWTS permits (except for repairs) are issued by the County Building Department in conjunction with the issuance of a building permit. Work on OWTS may not start until the building permit is issued. OWTS permits for repairs are issued by the Environmental Health upon approval. No work may commence without 24-hour prior notice to EH.

Terms of Permit

The Environmental Health Inspector shall be notified directly during office hours (8:00 - 9:30 a.m.) at least 24 hours prior to start of work. Environmental Health and Designer's inspection when required, shall be obtained prior to backfilling.

The job copy of this permit and approved plan shall be available at the job site during construction.

Any deviation from the approved plan shall be approved by the EH prior to construction. Failure to comply with these terms will result in a stop work order being issued to the property owner and/or installer.

Final approval of the OWTS is required prior to occupancy or use of the building. This permit is subject to suspension or revocation if found to be in non-conformance with the Santa Cruz County Code or policies of Environmental Health. A permit to repair an OWTS does not authorize or allow additions or remodels to the dwelling or building. Additions and remodels are authorized under section 7.38.080 of the County Code and must be approved by the County Planning Department.

**APPLICATION FOR OWTS PERMIT
 PROPOSED DESIGN SPECIFICATIONS FOR OWTS**

Plan Revised Date _____ System # _____ (multiple systems) Assessors Parcel Number _____ - _____ - _____

Proposal is for (check all that apply):

PERMIT NUMBER: _____

1. OWTS to serve new development -- Parcel Size: _____ Date Lot Created: _____
 Must meet sewage disposal requirements, must have an approved water supply, and 100% expansion area must be provided.
2. Repair/Replacement of system that serves existing development.
3. Upgrade of system to serve existing development for addition/remodel describe: _____

System Type

1. Conventional System: _____
2. Enhanced system design (Treatment tank make and model and Dispersal Type): _____
3. Major Repair: Tank Only Leachfield Only Tank + Leachfield
4. Minor Repair: Tank Destruction Greywater system D-box Other _____

For System Type 2 above, the property owner must sign an Acknowledgment of Onsite Wastewater Treatment System (OWTS) with Special Operating Conditions, and must comply with the requirements specified in the Acknowledgment letter, which is made a part of this permit.

Septic Tank Size (gallons): _____ Material: _____ Brand: _____ New Existing
 Septic Tank Size (gallons): _____ Material: _____ Brand: _____ New Existing
 Pump Chamber Size (gallons): _____ Material: _____ Brand: _____ New Existing
 Grease Trap: Size (gallons): _____ Material: _____ Brand: _____ New Existing

Attach two copies of the plot plan that clearly describes the design (turn page over for plot plan requirements.

Leaching Specifications: Existing Proposed Design soil application rate: _____

Trench: Total Linear Ft _____ Number of Lines _____ Top cover _____ Flow Depth _____ Total Depth _____ Width _____

Chambers: Make / Model _____ Number of Units _____ Total Depth _____ Total Linear Feet _____

Drip Tubing: Linear Feet _____ # of Lines _____ # of Emitters _____ Line Spacing _____ Depth _____ Drip Field (Sqft) _____

Seepage Pit (Repair/Upgrade only) Number _____ Diameter _____ Flow Depth _____ Total Pit (Sqft) _____

Distribution Type: D-box Flow Divider Flow Splitter Diversion Valve

Existing leaching area _____ sqft + Proposed Leaching _____ sqft = **Total Sqft of Leaching**

EH USE ONLY

Permit conditions to be satisfied prior to final inspection approval: _____

	INSPECTOR	DATE		INSPECTOR	DATE
REQUIRED DOCUMENTS			FIELD INSPECTIONS		
WATER SOURCE / IWS:	_____	_____	TANK:	_____	_____
ELECTRICAL PERMIT:	_____	_____	WATER TIGHT TEST:	_____	_____
WATER CONSERVATION:	_____	_____	TANK RISER:	_____	_____
ACKNOWLEDGEMENT:	_____	_____	TANK DESTRUCTION:	_____	_____
RECORDATION:	_____	_____	LEACHING:	_____	_____
OSSP CONTRACT:	_____	_____	INSPECTION RISER:	_____	_____
STATEMENT OF COMPLETION:	_____	_____	DISTRIBUTION DEVICE:	_____	_____
OTHER: _____	_____	_____	PUMP TEST:	_____	_____
OTHER: _____	_____	_____	CONTROL PANEL:	_____	_____
AS-BUILT PLAN:	_____	_____	EROSION CONTROL:	_____	_____
			FINAL:	_____	_____

NOTES: _____

PLOT PLAN REQUIREMENTS FOR NEW PRIVATE ONSITE WASTEWATER TREATMENT SYSTEMS (OWTS)

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D. A. Permit fees.

B. Completed application form for OWTS Permit.

C. Two copies of the OWTS plot plan at a scale no smaller than 1" - 30' (min. size 8 1/2 X 11 sheet).

D. The plan shall have the following information:

1. Owner's name, address of dwelling or structure, Assessor's Parcel Number (APN), scale of drawing, north arrow.
2. Location of dwelling and other structures on lot.
3. Location of property lines, easements, right of ways, roads, and driveways on property.
4. Location of at least one street adjacent to lot.
5. Location of all existing and proposed structures and hard surfaces such as patios, decks, walkways, driveways, and swimming pools.
6. Location and nature of any existing OWTS on the property.
7. Direction of slope of ground indicated by arrows. The plot plan shall indicate the percent slope and include an elevation drawing showing finished grading to be performed and the location of the dwelling and proposed OWTS.
8. For lots with moderate to steep slopes, contour lines and slope percentages shall be shown on the plot plan.
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Completion of Application

Incomplete applications for OWTS permits will become null and void if all required information is not submitted within **one year** (or six (6) months in the case of repair permits) of the date of the OWTS permit application.

Finding of Compliance and Issuance of Permit

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Terms of Permit

The Environmental Health Specialist shall be notified directly during office hours, 8:00 - 9:30 am, at least 24 hours prior to commencement of work. EH and OWTS Designer's inspection when required, shall be obtained prior to backfilling.

The job copy of this permit and approved plan shall be available at the job site during construction.

Any deviation from the approved plan shall be approved by Environmental Health prior to construction. Failure to comply with these terms will result in a stop work order being issued to the owner and/or installer.

Final approval of the OWTS is required prior to occupancy or use of the building.

This permit is subject to suspension or revocation if found to be in nonconformance with Santa Cruz County Code or policies of the EH.

A permit to repair an existing OWTS does not authorize or allow additions or remodels to the dwelling or building. Additions and remodels are authorized under section 7.38.080 of the County Code and must be approved by the County Building Department.