

SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

MONO COUNTY HEALTH DEPARTMENT

P.O. Box 476, Bridgeport, CA 93517 (760) 932-5580, (760) 932-5284 (fax)
P.O. Box 3329 Mammoth Lakes, CA 93546 (760) 924-1830, (760) 924-1831 (fax)

PLEASE COMPLETE APPLICATION TO THICK BLACK LINE AND RETURN TO THIS OFFICE WITH APPLICABLE PERMIT FEE OF _____ AS SHOWN ATTACHED TABLE.

PLEASE SUBMIT 3 COPIES OF THIS APPLICATION FORM, 3 COPIES OF THE SITE PLAN OF THE SEWAGE DISPOSAL SYSTEM.

PROPERTY INFORMATION:

Property Owner(s) _____

Mailing Address _____ City State, Zip _____

Telephone Number _____ Fax Number _____

Assessor's Parcel Number _____ Block _____ Lot _____

INSTALLER INFORMATION: Owner _____ or Contractor _____ (if contractor, please provide following information)

Installer _____ Cont. License Number _____

Company _____ Telephone Number _____

Business Address _____ City, State, Zip _____

WATER SUPPLY: Individual _____ Mutual _____ Public Utility (name) _____

TYPE OF STRUCTURE: Residence _____ Number of Bedrooms _____ Commercial _____

SEPTIC SYSTEM DESIGN INFORMATION:

Septic Tank _____ Leaching Field _____ Leaching Pit _____ Leaching Bed _____ Alternative System _____

Size _____ No. of Laterals _____ Size _____ Size _____

Distribution Box _____ Length of Each _____ Depth of Rock _____ Depth of Rock _____ Engineered System _____
_____ Ft. of aggregate below drain tile below drain tile below drain tile

_____ Trench Width

DATE OF WORK: Start _____ Completion _____

I hereby agree to comply with all regulations of the Mono County Health Department and with all ordinance and laws of the County of Mono and State of California pertaining to septic system construction, repair, modification, and destruction.

APPLICATION/OWNER/INSTALLER'S SIGNATURE: _____ **DATE** _____

SEWAGE DISPOSAL PERMIT NO. _____

(Valid for Twelve (12) Moths from Date of Issue)

VERIFICATION OF CONTRACTOR'S LICENSE _____ \$ _____ FEE PAID ON _____ REC # _____

This certifies that permission is hereby granted to _____

TO INSTALL THE ABOVE SEWAGE DISPOSAL SYSTEM in accordance with the above application.

By: _____
Environmental Specialist _____ Date _____

CERTIFICATION OF COMPLETION: _____
Environmental Specialist _____ Date _____

INSPECTIONS REQUIRED: Open Trench _____ Prior of Backfilling _____

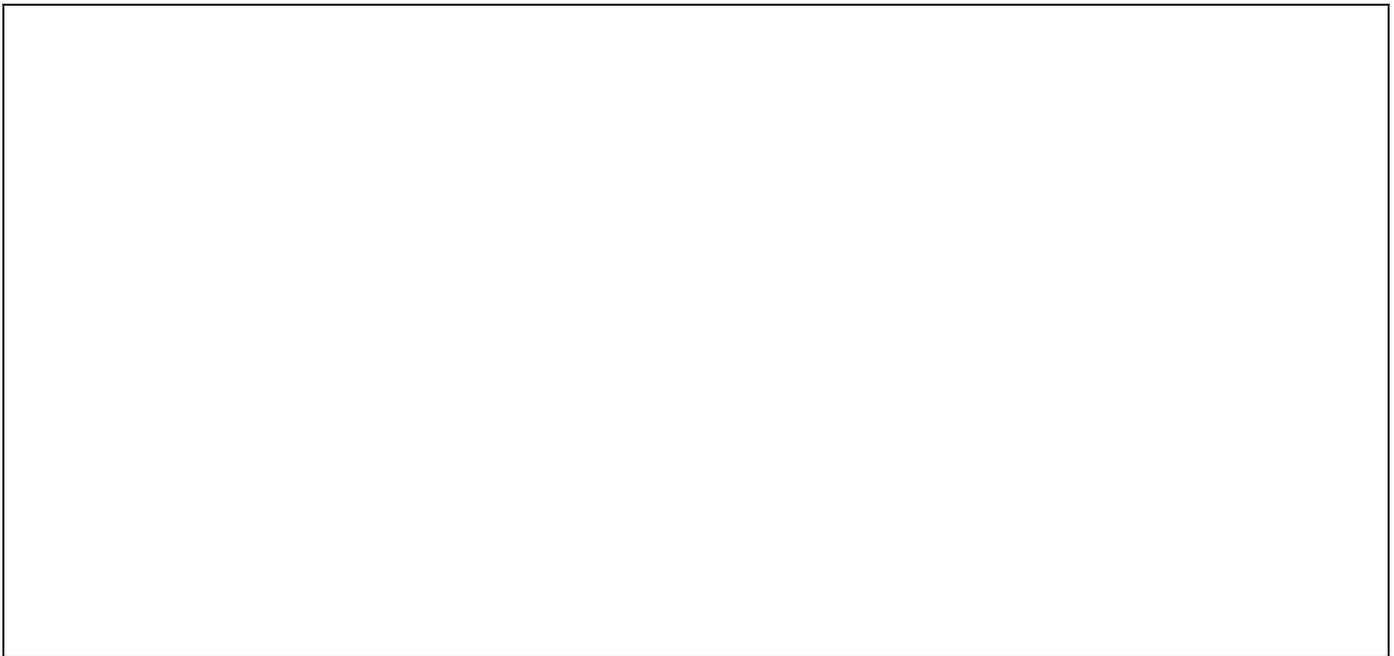
Additional inspections required for Alternative or Engineered Systems _____

(WHEN SIGNED BY THE HEALTH OFFICER, THIS APPLICATION IS A PERMIT)

PLOT PLAN

The applicant must furnish two copies of a drawing showing the following within a 500' radius of the well:
Include dimensions.

1. Exact well location
2. Property lines
3. Sewage disposal systems or works carrying or containing sewage
4. All intermittent or perennial, natural or artificial water bodies or water courses
5. Drainage pattern of the property
6. Existing wells
7. Access roads
8. Any agricultural, recreational or commercial entity



SKETCH ON HOW TO LOCATE THE PROPERTY

