



**SYSTEM and SITE DETAILS**

County Planning & Development Case No: \_\_\_\_\_ Planner Name: \_\_\_\_\_

Lot Size \_\_\_\_\_ (in acres)

New system includes: (check all that apply)

- Supplemental Treatment  System Includes Shallow Drip

Dwelling Type Served by System: (check all that apply)

- Primary Residence  Residential Second Unit  Guest House

Number of Bedrooms: \_\_\_\_\_

- Accessory Structure (such as: Office, Barn, Shop, Artist Studio, Pool Cabana)
 Commercial (retail, wine tasting, etc.)  Industrial (including wineries)  Institutional (schools)

Name of Business/Institution: \_\_\_\_\_

Indicate the water source for the system:

Public, indicate the Water Company/District: \_\_\_\_\_

Private, indicate On-site source: \_\_\_\_\_ Off-site source: \_\_\_\_\_

Private Water Source must check one:  State Small  Single-parcel  Multi-parcel

Indicate the distance from water wells (if within 600 feet):

Septic/treatment tank (in feet) \_\_\_\_\_ Dispersal field (in feet): \_\_\_\_\_

Indicate the distance from springs, lakes, ocean water or drainage courses (if within 400 feet):

Septic/treatment tank (in feet) \_\_\_\_\_ Dispersal field (in feet): \_\_\_\_\_

Indicate specifications for the septic tank:

Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

Type of material: \_\_\_\_\_ Capacity (in gallons): \_\_\_\_\_

Indicate specifications for the supplemental treatment system:

Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

Capacity (in gallons/day): \_\_\_\_\_

Indicate the surface slope percentage at dispersal field (within 100 feet): \_\_\_\_\_

Indicate the following leach line installation information:

Number of trenches: \_\_\_\_\_ Length of each trench: \_\_\_\_\_ ft. Depth of each trench: \_\_\_\_\_ ft.

Bottom width of trench (in feet) \_\_\_\_\_ ft. Earth cover over drain line (in feet) \_\_\_\_\_ ft.

Filter material under drain line: \_\_\_\_\_

Total absorption area: \_\_\_\_\_ Square feet of trench: \_\_\_\_\_ sq. ft.

Indicate the following shallow drip emitter field installation information:

Number of lines: \_\_\_\_\_ Length of each line: \_\_\_\_\_ ft. Depth of each line: \_\_\_\_\_ ft.

Number of fields: \_\_\_\_\_ Total Square Feet of shallow drip emitter fields: \_\_\_\_\_ sq. ft.

Indicate seepage pit installation details. Note: Seepage pits require Environmental Health Service's concurrence on finding of leach line infeasibility, and supplemental treatment if installed on parcels <5 acres per dwelling/business.

Number of pits: \_\_\_\_\_ Diameter of each pit (in feet): \_\_\_\_\_ ft. Total Depth of each pit (in feet): \_\_\_\_\_ ft.

Effective Depth of each pit (in feet): \_\_\_\_\_ ft. Square feet of sidewall: \_\_\_\_\_ sq. ft.

(Section 'A' or 'B' below must be completed prior to the issuance of a permit)

**A. LICENSED CONTRACTOR DECLARATION**

I hereby affirm that I am licensed under the Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code (B. & P.C.), and my license is in full force and effect.

\_\_\_\_\_ **Print Contractor's Name** \_\_\_\_\_ **Signature of Contractor** \_\_\_\_\_ **Date**

Lic. No.: \_\_\_\_\_ Class:  C-36  C-42  A Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address \_\_\_\_\_

**B. OWNER-BUILDING DECLARATION**

I hereby affirm that I am exempt from the Contractors' State License Law for the following reason:

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. (Sec. 7044, B. & P. C.)
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Sec. 7044 B. & P.C.)
- I am exempt under Sec. \_\_\_\_\_, B. & P.C. for this reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Print Owner/Builder's Name** \_\_\_\_\_ **Signature of Owner/Builder** \_\_\_\_\_ **Date**

When signed by the Environmental Health Specialist, this application shall be deemed a permit only for the work described and is not a "permit for development" as that term is used in the California Subdivision Map Act. Please note additional permits (e.g., electrical installation, waste discharge requirements, land use clearance, grading) may also be required from other agencies. THIS PERMIT BECOMES NULL AND VOID if work or construction authorized is not commenced within one year from date of approval, or work is suspended or abandoned for a period of 180 days any time after work is commenced. No changes from the approved plan are permitted without prior written approval by Environmental Health Services. A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

I certify that I have read this application and declare under penalty of perjury the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

**IMPORTANT NOTICE:** After permit approval and prior to covering any system components, an inspection must be scheduled directly with the Environmental Health Specialist. All inspection appointments require advance notice of two full business days.

**Signature of Applicant** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICATION DISPOSITION:**  **Approved**  **Denied**

**Signature of Environmental Health Specialist** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Fixed Fee Rec'd: by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_  Check No \_\_\_\_\_

Credit Card Trans. No.: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Hourly Billing: Applicant notified of amount due by Plan Checker (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

Permit Conditions: \_\_\_\_\_

Final Construction Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Final Clearance by: \_\_\_\_\_ Date: \_\_\_\_\_