

**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT APPLICATION
 REPAIRS - \$713 (PE# 4215)**

REQUIRED ATTACHMENTS *(Please provide copies; not originals)*

- One (1) soil engineering report signed by a Registered Civil or Soils Engineer (for dispersal field repairs, if available)
- Two (2) plot plans showing existing and proposed system.

ON#: _____

Digital (PDF format) attachments
are strongly encouraged.

OWTS SITE LOCATION

Address: _____
Street Number and Name City State / Zip Code

Assessor's Parcel Number (APN): _ _ _ - _ _ _ - _ _ _

OWNER INFORMATION

Owner Name (Required): _____

Owner Mailing Address: _____
Street Number and Name City State/ Zip Code

Owner Email Address: _____ **Primary Phone (____)** _____

Complete this section if the project coordinator is other than the OWTS system owner (e.g., Contractor, Architect, Engineer).

Project Coordinator/Certified Professional Name: _____

Mailing Address: _____
Street Number and Name City State / Zip Code

Primary Phone: (____) _____ **Email:** _____

SYSTEM and SITE DETAILS

Purpose of repair(s): *(check all that apply)*

- Replace tank * Replace dispersal field Fill Hollow Seepage Pit with rock Supplemental Treatment

* Reason for dispersal field repair _____

If deficiency(ies) were identified as the result of an inspection, please complete a) and b) below.

- a) Date of inspection (if known): _____ b) Copy of *Septic Tank Inspection Report* attached: Yes No

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 a water well on-site:

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): _____

Burial depth to top of tank _____

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) _____ **Earth cover** over drain line (in feet) _____

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 Tele. _____ 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 _____
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FOR DEPARTMENT USE ONLY

Fixed Fee Rec'd: by: _____ Date: _____ Amt \$ _____ Credit Card Trans. No.: _____

Check 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: _____