



Environmental Health Review Services
Department of Health, Environmental Health Bureau
 1270 Natividad Road, Salinas CA 93906 (831) 755-4505 (831) 759-8680 fax

Office Use Only: Record ID No. _____

Anticipated Start Date: _____

Application for an Onsite Wastewater Treatment System (OWTS) permit

- NEW REPLACEMENT EXPANSION DEMOLITION

Property Owner, Applicant and Site Information

Owner Name		Phone #	Email	
Owner Address			City	Zip Code
Applicant Name		Phone #	Email	
Assessor's Parcel Number - - -000	Lot Size (acres)	Site Address		
Subdivision	Lot Number	City	Zip Code	
Domestic (Potable) Water Source If yes, water quality analysis required prior to final inspection	<input type="checkbox"/> Single-Connection (Private) Well, Spring, other Located within 250' of proposed OWTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Shared Water System (specify name)	<input type="checkbox"/> Municipal Water Company (specify name)	

Qualified Professionals

	Name	License Type	License No.	Phone No.
Consultant (Soil Evaluation)				
Designer				
Installer				

Description of Structure(s) that will connect to the proposed OWTS (select one)

<input type="checkbox"/> Residential	<input type="checkbox"/> Multi-Family Dwelling / Employee Housing	<input type="checkbox"/> Commercial
Description of Unit(s): Main House, Accessory Dwelling, Guest House, etc.)	Number of Occupants:	Description of Business / Operation:
Number of Bedrooms:	Laundry Onsite? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Individual laundry in unit <input type="checkbox"/> Centralized laundry	Design Volume: (pursuant to Table C of MCC, Chapter 15.20)
Design Volume (LAMP Table 5-3): gallons/day	Design Volume: (pursuant to Table C of MCC, Chapter 15.20) gallons/day	Design Volume: (pursuant to Table C of MCC, Chapter 15.20) gallons/day
Garbage Disposal: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Garbage Disposals:	Wastewater Strength: mg/L Nitrogen

Nitrogen (N) Loading Limit for Site 40g N x _____ acres = _____ grams N per day

Estimated Nitrogen (N) Loading from Project
 Residential – Use 20g N for 1st bedroom, plus 10 g N per additional 0.25 bedroom
 Commercial – Use 40 grams per 300 gallons of wastewater _____ grams N per day

Does the estimated nitrogen loading from project exceed the site limit?
 YES NO
If yes, a Nitrogen Loading Assessment shall be completed by a qualified professional

Is site located in a Potential Groundwater Recharge Area?
 YES NO

Work shall NOT start until an OWTS permit is issued by the Environmental Health Bureau

Summary of Proposed Work (select all that apply to the proposed OWTS)

- Install Septic Tank Only (PE 2612) Install Supplemental Treatment Unit Only (PE 2617) Complete Section 1
 Install Conventional Dispersal Field Only (PE 2613) Install Alternative Dispersal Field Only (PE 2618) Complete Section 2
 Install Both Tank & Dispersal Field (PE 2610) Install Both Supplemental Treatment Unit & Alt Dispersal Field (PE 2615) Complete Sections 1 & 2
 Install Pump Chamber Complete Section 1.5 Septic Tank Demolition (PE 2620) Complete Section 3

ATTACH A PLOT PLAN OF THE PROPOSED SYSTEM USING MEASURED DIMENSIONS, INCLUDING:
 ▶Structures ▶Septic Tank ▶Dispersal Systems (existing and proposed) ▶Creeks ▶Large Trees ▶Paved areas (roads/driveways) ▶NORTH

Setback Requirements

The proposed installation work will meet all current code setback requirements: Yes No*
 If NO, attach a variance request form prepared by the qualified designer and signed by the property owner. The form must address all of the reasons an OWTS on this property is not able to meet all requirements specified by Monterey County Code, Chapter 15.20 and the LAMP.

Section 1 – Tank Details (Septic Tank or Supplemental Treatment Unit [Alternative OWTS])

Capacity (gallons)	Material	Manufacturer	Model Number
For Supplemental Treatment Systems		Disinfection Proposed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Nitrogen Reduction Proposed? (NSF Standard 245) <input type="checkbox"/> YES <input type="checkbox"/> NO

Section 1.5 – Pump Chamber (a separate electrical permit is required to be obtained from Monterey County HCD-Building Services)

Capacity (gallons)	Material	Dose Volume	Model Number	Audible Alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO	Visual Alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ATTACH TANK/FLOAT ASSEMBLY DIAGRAM AND PUMP SPECIFICATIONS

Section 2 – Dispersal System Details (omit Dispersal System 2 section if a secondary dispersal field is not proposed – replacements only)

Dispersal System 1 <input type="checkbox"/> Trench <input type="checkbox"/> Gravel-less Chamber <input type="checkbox"/> Shallow Bed Alternative <input type="checkbox"/> Drip Dispersal <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound <input type="checkbox"/> Seepage Pit Method of Soil Evaluation: <input type="checkbox"/> Direct Inspection <input type="checkbox"/> Percolation Testing					Dispersal System 2 <input type="checkbox"/> Trench <input type="checkbox"/> Gravel-less Chamber <input type="checkbox"/> Shallow Bed Alternative <input type="checkbox"/> Drip Dispersal <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound <input type="checkbox"/> Seepage Pit Method of Soil Evaluation: <input type="checkbox"/> Direct Inspection <input type="checkbox"/> Percolation Testing														
Soil Application Rate		Total Infiltrative Area		Depth to Impervious Layer (or Refusal)		Depth to Groundwater		Soil Application Rate		Total Infiltrative Area		Depth to Impervious Layer (or Refusal)		Depth to Groundwater					
gal/sq.ft./day		square feet		feet below grade		feet below grade		gal/sq.ft./day		square feet		feet below grade		feet below grade					
Total Length	Width	Effective Depth	Total Depth	Infiltrative Area Credit		<input type="checkbox"/> Unspecified, but confirmed to be greater than vertical setback established by LAMP Tables 5-5 or 5-6		Total Length	Width	Effective Depth	Total Depth	Infiltrative Area Credit		<input type="checkbox"/> Unspecified, but confirmed to be greater than vertical setback established by LAMP Tables 5-5 or 5-6					
feet	feet	feet of rock below pipe	feet	square feet per linear foot				feet	feet	feet of rock below pipe	feet	square feet per linear foot							
Will the dispersal system be... Installed in slopes greater than 30%?					<input type="checkbox"/> YES <input type="checkbox"/> NO					Will the dispersal system be... Installed in slopes greater than 30%?					<input type="checkbox"/> YES <input type="checkbox"/> NO				
Located within 50' of a downhill embankment (>20% grade change)?					<input type="checkbox"/> YES <input type="checkbox"/> NO					Located within 50' of a downhill embankment (>20% grade change)?					<input type="checkbox"/> YES <input type="checkbox"/> NO				
Installed in area subject to vehicular traffic?					<input type="checkbox"/> YES <input type="checkbox"/> NO					Installed in area subject to vehicular traffic?					<input type="checkbox"/> YES <input type="checkbox"/> NO				
Covered by an impermeable surface?					<input type="checkbox"/> YES <input type="checkbox"/> NO					Covered by an impermeable surface?					<input type="checkbox"/> YES <input type="checkbox"/> NO				
Located within 250' of an onsite water source? <i>If yes, water quality analysis is required.</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO					Located within 250' of an onsite water source? <i>If yes, water quality analysis is required.</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO				

Section 3 – Septic Tank Demolition

The existing tank shall be pumped by a licensed liquid waste hauler prior to demolition. The septic tank may either 1) be removed completely from the ground and disposed of at an approved landfill or 2) have its bottom broken out so that it is no longer capable of holding water and then be backfilled with sand, gravel or compacted earth. Tank is proposed to be removed from the ground completely Abandoned in place

I/we understand that it is the responsibility of the applicant(s)/owner(s) to identify and disclose on the attached plot plan any and all easements affecting the subject property. I/we agree that all work is to be done in accordance with Monterey County Code Chapter 15.20, the Monterey County Local Agency Management Program (LAMP) for Onsite Wastewater Treatment Systems, Health Department requirements, and any and all applicable State and local regulatory requirements. As applicant/owner or his/her/its authorized agent, I/we represent that the information herein submitted is correct to the best of my/our knowledge.

By signing this application the applicant(s)/owner(s) or his/her/their/its authorized agent agree(s) to a condition of approval on the subsequent permit that the applicant(s)/owner(s) shall indemnify and hold harmless the County and its officers, agents, and employees from actions or claims of any description brought on account of any injury or damages sustained, by any person or property resulting from the issuance of the permit and the conduct of the activities authorized under said permit. (Monterey County Code Section 15.20.160 INDEMNIFICATION).

*Note: All property owners of record must sign application:

Owner's Signature: _____ Date: _____

Print Owner's Name: _____

Owner's Signature: _____ Date: _____

Print Owner's Name: _____

Authorized Agent's Signature: _____ Date: _____

(attach Owner-Agent Declaration form)

Print Authorized Agent's Name: _____

For Office Use Only: Application and Permit Fee Information

Received By	EC Updated By	Amount Paid	Date	Check Number	Invoice No.	Record ID No.
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