



SEPTIC INSTALLATION PERMIT APPLICATION FORM

YOLO COUNTY
Department of Community Services
Environmental Health Division

292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 Fax: (530) 669-1448

FOR OFFICE USE ONLY	
PERMIT #: _____	ON #: _____
DATE RECEIVED: _____	FACILITY ID #: _____
RECEIPT #: _____	CC or CHECK #: _____
FEES PAID: _____	PE #: _____

PROPERTY OWNER INFORMATION		
Site Address: _____	City/State: _____	Zip Code: _____
Assessor's Parcel Number: _____	Parcel Size (acres): _____	
Property Owner(s): _____	Phone Number: _____	
Mailing Address (if different than above): _____	City/State: _____	Zip Code: _____
Email: _____	Building Permit #: _____	

CONTRACTOR INFORMATION <input type="checkbox"/> Check if Property Owner is the installer			
Business Name: _____		Phone Number: _____	
Mailing Address: _____		City/State: _____	Zip Code: _____
Email: _____	License #: _____	License Type: _____	Exp. Date: _____

APPLICANT INFORMATION <input type="checkbox"/> Check if same as Contractor	
Contact Name/Title: _____	Email/Phone Number: _____

SEPTIC SYSTEM DESIGNER (name and phone number): _____

TYPE OF WORK:

- New construction Tank replacement Modification Minor repair
- Minor repair System addition Major repair Other: _____

WASTE WATER FLOW / GALLONS PER DAY (GPD):

- Residential Number of bedrooms: _____ Max proposed GPD: _____
- Commercial/Multi-Residential Type of business: _____ Max proposed GPD (attach calcs): _____

TYPE OF SYSTEM: Standard Alternative type: _____

SOILS: Receiving soil type: _____ Application rate: _____ (gpd/ft2)

TANK SPECIFICATIONS:

Septic tank size: _____ (gal) Number of compartments: _____ Manufacturer: _____

Pump tank size: _____ (gal) Number of compartments: _____ Manufacturer: _____

LEACH FIELD SPECIFICATIONS:

Type of leach field: Gravity-fed Pressure-dose Other: _____

Distribution (gravity-fed only): Serial Parallel Distribution type: Concrete box Poly box Pop-over Other: _____

Pipe size: _____ Pipe type: _____ Drain rock size: _____ Rock/soil barrier material: _____

No. of lines: _____ Length: _____ Width: _____ Depth: _____ Total linear feet : _____

Dosing (PD only): Timed dose On-demand

I will comply with all Codes, Rules, and Regulations of the State and County pertaining to installation of septic systems including the conditions and required inspections indicated on this application. I understand I am responsible for providing a homeowners maintenance manual and accurate as-built to the owner. As owner or owner's authorized representative, I confirm that the information provided is correct to the best of my knowledge.

Print Name & Title: _____ Signature: _____ Date: _____

**Application cannot be revised without prior approval from the Environmental Health Division.
PERMIT EXPIRES ONE (1) YEAR AFTER DATE OF ISSUANCE (UNLESS EXTENDED)**

FOR OFFICE USE ONLY		Installation Permit Issuance
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: _____		
Date: _____	EHS Signature: _____	

**A site map drawn to scale with the following information shall be submitted with this application.
Additional pages may be required.**

1. Scale of drawing shown on scale bar
2. Owner's name
3. Assessor's Parcel Number (APN)
4. North arrow
5. Property lines
6. Any relevant site features such as cliffs, cut banks, irrigation canals, springs, rock outcrop, landslide areas, drainage ways, etc. within 200 feet of the primary and repair dispersal areas
7. Any existing and/or proposed site improvements, such as buildings, building pad, imported soils, pools, driveways, parking areas, easements, waterlines, etc. *(please specify whether existing or proposed)*
8. Existing wastewater dispersal areas *(if present)*
9. Location and dimensions of designated primary and repair wastewater dispersal areas
10. Test hole locations from site evaluation
11. Existing and proposed wells within 200 feet of the primary and repair dispersal areas and neighboring wells within 100 feet of property lines
12. Location and orientation of curtain drain
13. Direction of slope in primary and repair dispersal areas
14. Dispersal field orientation and layout
 - If alternative, include system type/make/model and specifications
15. Trench/bed dimensions including depth and critical distances within layout
16. D-Box/"T"/"L" locations
17. Septic tank/pump chamber location
 - Pump specifications including pump curve *(required if applicable)*
18. Monitoring/observation port location
19. System dispersal field and replacement area are staked and taped on property
20. Cross Section Drawings:
 - Dispersal trench
 - Observation port
 - Depth of building sewer to tank and fall from tank to d-box
 - Capping fill *(if applicable)*
 - Curtain drain *(if applicable)*
21. Building pad
22. Invasive vegetation (e.g. Eucalyptus trees, etc.)
23. Animal enclosures
24. Hazardous materials storage including fuel tank(s)

Checked inspection(s) are required. Call the office a minimum of 48 hours in advance to schedule inspection(s).

- Pre-Construction
 Open trench
 Tank(s)
 Pump Test
 Qualified professional inspection
 Alarm inspection
 Squirt Test
 Final inspection
 Rock and Pipe Inspection
 Other:

SEPTIC FINAL APPROVAL

- As-built provided to YCEH
 Homeowners manual and as-built provided to owner
 System installation certification signed by qualified professional
 Applicable
 Not applicable
 Operating permit
 Applicable
 Not applicable
 Recorded on property deed
 Applicable
 Not applicable
 Other: _____

Environmental Health Specialist (print and sign)

Date