Main Steps of Building a New Septic System for a New House

I'm building a New House and I'm too far from a city sewer system so I can't connect. How can I build a septic system?

SUBMIT A SITE EVALUATION REQUEST TO THE DIVISION OF ENV. HEALTH (DEH)
A site evaluation includes: site assessment and soil profile.

CONDUCT A SITE EVALUATION WITH A HIRED QUALIFIED PROFESSIONAL AND DEH AND SUBMIT A REPORT
Info collected during this step will determine the type of system.

YOUR QUALIFIED PROFESSIONAL WILL DESIGN A SEPTIC SYSTEM – IF SITE EVAL SHOWS THAT A STANDARD SYS CAN BE INSTALLED, THEN SYSTEM CAN BE DESIGNED BY THE CONTRACTOR.
A properly designed system will ensure proper disposal while protecting California’s water and environment.

SUBMIT A PERMIT APPLICATION
Permit type is determined from design considerations collected at the site evaluation.

SEPTIC SYSTEM IS INSTALLED AND INSPECTED PER APPROVED APPLICATION
Pre-construction, Open Trench and Final inspections by DEH help to eliminate future problems.

SEPTIC SYSTEM PERMIT IS FINALED
V. An "as built" is submitted by your contractor and signed by your qualified professional.
V. Operating permit is submitted if needed
V. Operational, Maintenance and Monitoring Manual is submitted
*150' TO PUBLIC SUPPLY WELL
**BASED ON PERCOLATION RATE

TYPICAL SITING CONSIDERATION FOR ONSITE WASTEWATER TREATMENT SYSTEMS
INTERMITTENT SAND FILTER
WITH INTERNAL PUMP BASIN

* NOTE: DISCHARGE HOLES MAY BE SHIELDED WITHIN A CONTINUOUS PLASTIC CHAMBER, OR THEY MAY BE ORIENTED DOWN WITHOUT THE NEED FOR ANY SHIELD.
PEA GRAVEL DISTRIBUTION BED; 6" MIN. BELOW PIPE, 2" MIN. ABOVE PIPE

UTILITY BOX, (TYP.)

MANIFOLD

DISCHARGE HOLES W/ SHIELD, OR EQUAL (TYP.)

INSPECTION WELL

END RISER & FLUSH PORT

4" UNDERDRAIN CLEANOUT

PERIMETER RETAINING STRUCTURE (TYP.)

30 MIL PVC LINER OR EQUAL

PERFORATED PVC AIR INJECTION MANIFOLD; W/ CONNECTION PORT AT SAND FILTER SURFACE FOR PORTABLE BLOWER

PRESSURE LINE FROM DOSSING PUMP

LATERAL SHUT-OFF VALVE

DISTRIBUTION LATERAL

SLOTTED UNDERDRAIN

SLOPE = .02

SAND BEDDING (TYP.)

RETURN LINE TO RECIRCULATION TANK

*R NOTE: DISCHARGE HOLES MAY BE SHIELDED WITHIN A CONTINUOUS PLASTIC CHAMBER, OR THEY MAY BE ORIENTED DOWN WITHOUT THE NEED FOR ANY SHIELD.

RECIRCULATING SAND FILTER
RAISED SAND FILTER BED
SUPPLEMENTAL TREATMENT (OPTION)

LATERAL SHUT-OFF/ADJUSTMENT VALVE (TYP.)

DIVERSION VALVE

SEPTIC TANK

PUMP CHAMBER

PVC PRESSURE LINE

DISTRIBUTION MANIFOLD (TYP.)

PRESSURE DISTRIBUTION TRENCHES & LATERALS

PRIMARY DISPOSAL FIELD

SECONDARY DISPOSAL FIELD

END RISER & FLUSH PORT (TYP.)

SHALLOW PRESSURE DISTRIBUTION SYSTEM SCHEMATIC
SHALLOW PRESSURE-DISTRIBUTION SYSTEM
TO SUBSURFACE DRIP DISPOSAL FIELD
PRESSURE REGULATOR
VORTEX FILTER
PRESSURE GUAGE AIR VENT
FROM SUBSURFACE DRIP DISPOSAL FIELD
Solenoid Field Flush Valve
TO SEPTIC TANK
FROM PUMP CHAMBER

AUTOMATIC HEADWORKS

A 1.5' SEPARATION IS REQUIRED BETWEEN THE SUPPLY MANIFOLD AND 1ST DRIP EMITTER

18" BLANK DRIPLINE (TYP.)
GEOFLOW DRIPLINE (TYP.)
PVC TEE TO COMPRESSION ADAPTER (TYP.)
PVC HEADER
SUPPLY MANIFOLD
END FEED/FLUSH MANIFOLD

DRIP DISPERAL DETAILS

6" ROUND VALVE BOX
1/2" PVC COUPLING
1/2" SCH. 80 PVC NIPPLE (LENGTH AS REQUIRED)
THREE BRICK SUPPORTS
PEA GRAVEL SUMP
PVC Piping And Fitting
1" AIR/VACUUM RELIEF (PUMPED TO PVC)
DRIP DISPERAL SYSTEM SCHEMATIC

AIR/VACUUM RELIEF VALVE AT HIGH POINTS (TYP.)

POLYETHYLENE DRIP TUBING; 24" DRIPLINE SPACING, EMITTERS @ 24" O.C.; 8-12" DEEP (TYP.)

DISPERAL AREA PERIMETER

PVC SUPPLY MANIFOLD

POP MAMBER

SUPPLEMENTAL TREATMENT

SEPTIC TANK

PVC FLUSH RETURN LINE

HEADWORKS, WITH FILTER, VALVES & PRESSURE REGULATION

PVC FLUSH RETURN MANIFOLD

FLUSH VALVE, SOLENOID OR MANUAL, NORMALLY CLOSED
DIAGRAM OF A MOUND SYSTEM
MOUND SYSTEM CROSS-SECTION
~ LEVEL SITE ~
MOUND SYSTEM CROSS-SECTION
~ SLOPING SITE ~
# Site Evaluation/Soil Profile Request for Development

<table>
<thead>
<tr>
<th>Site Address:</th>
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</thead>
<tbody>
<tr>
<td>APN: Parcel Size:</td>
</tr>
<tr>
<td>Property Owner(s):</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>City: Zip Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Requesting Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency/Title:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>City: Zip Code:</td>
</tr>
</tbody>
</table>

**Evaluation type:** [ ] Residential Use  [ ] Commercial Use  [ ] Unknown

Name of Qualified Professional who will conduct site evaluation: ____________________________

Project description: ____________________________

**Drinking Water Supply:**  [ ] Private domestic well  [ ] Public water system

Well permit #: ____________________ Year drilled: ______________ Well depth: ______________ Seal depth: ______________

Was the cement pad constructed?  [ ] Yes  [ ] No
Was the well finalized?  [ ] Yes  [ ] No

*Name of public water system: ____________________________

**Public Sewer System Main Line:**

Is the Public Sewer System within 200 feet of the building to be served?  [ ] Yes  [ ] No

If yes, have you contacted the public sewer system for connection?  [ ] Yes  [ ] No

**Supplemental Documents for Evaluation:**

The following items must be checked off before a site evaluation can take place:

☐ Completed Site Evaluation Request Form and fees paid
☐ Vicinity map and directions to the site
☐ Copy of current assessor’s parcel map
☐ Plot plan (see below)

**A Plot Plan is required with the application. It must be drawn to scale and include parcel number, site address, and all existing features and proposed improvements. Include all well locations on neighboring parcels.**

By signing this agreement, I understand that a fee, authorized by the current Yolo County Fee Resolution, will be charged. I certify that I am the owner or owner’s authorized agent and that the information I have provided is correct to the best of my knowledge.

Signature: ____________________________ Date: ____________________________
YOLO COUNTY ON-SITE SEPTIC SYSTEM SITE EVALUATION

(ALL QUESTIONS SHALL BE ANSWERED - BLANKS MUST BE FILLED IN AND/OR ITEMS CIRCLED. IF NOT APPlicable, WRITE "N/A" IN THE BLANK.)

Service Request No.: ______________ Facility Number: ______________ APN: __________________________

Date Completed: __/__/______ Onsite Qualified Professional: __________________________________

Property Owner: __________________ Site Address: ____________________________________________

Existing/Proposed (circle one) Structure to be served: ___________________ Parcel Size: __________

Proposed Project: _________________________________________________________________

____________________________________________________________________________________

If applicable:
Subdivision Name: __________________________ (plotted attached) Section: ____ Lot: ____ Block: ____

WATER AND SEWER SUPPLY

Water Supply: (circle one) PUBLIC WATER SYSTEM / PRIVATE WELL
   · If supply is Public Water System, provide the name of the water supplier: __________________________

Public Sewer System main line: (circle one) IS / IS NOT within 200 feet of building to be serviced with septic system.
   · If it is within 200 feet, why is a site evaluation necessary: ____________________________________________________________________________
      (provide attached information if necessary)

SETBACKS

(Note: All setbacks shall be indicated on an attached site evaluation map and be shown on the design site plan.)

Onsite Well: (circle one) YES* / NO · If yes: Year Drilled: ______ · Well drilled under permit: (circle one) YES / NO / UNKNOWN
   · Cement Pad present: (circle one) YES / NO · Annular Seal present: (circle one) YES / NO / UNKNOWN

Neighboring wells within 100 feet of property line: (circle one) YES* / NO (*All wells must be shown on the septic design.)

Rivers, Streams, Ponds, Lakes: (circle one) YES / NO · Slopes or Breaks: (circle one) YES / NO

Wet or Dry Ditches or Swales: (circle one) YES / NO · Cut or Fill Bank: (circle one) YES / NO · Roads/Driveways: (circle one) YES / NO

Comments: _____________________________________________________________________________

____________________________________________________________________________________

TOPOGRAPHY

(Note: If slope is severe, a topography survey with half-foot contours must be provided on the design. If the site drainage is poor or the slope is flat, then a detailed drainage plan must be provided on the design if a subsurface disposal system is proposed.)

SLOPE: Flat (under 2%) [ ] Slight (under 6%) [ ] Severe (over 30%) [ ]

VEGETATION: Grass/Brush [ ] Lightly Wooded [ ] Heavily Wooded [ ]

Vegetation indicating high groundwater: (circle one) YES / NO ________________________________
   (e.g.: reeds, cattails, etc.)

Vegetation with aggressive root systems: (circle one) YES / NO _______________________________
   (e.g.: bamboo, weeping willows, walnut trees, eucalyptus, poplars, etc.)
SOIL PROFILES

(Note: All soil pit locations shall be indicated on an attached site evaluation map and be shown on the design site plan.)

A minimum of two (2) soil profiles must be performed: One (1) in the proposed area, one (1) in the repair/replacement area. The depth of the soil pits shall be at minimum twenty-four (24) inches below the proposed disposal depth or to a restrictive horizon. Soil pit locations must be shown on the site plan. Describe soils using standard USDA Textural Descriptions.

SOIL PIT ONE

<table>
<thead>
<tr>
<th>HORIZON DEPTH</th>
<th>BOUNDARY</th>
<th>COLOR</th>
<th>CLASS/TEXTURE</th>
<th>STRUCTURE</th>
<th>CONSISTENCY</th>
<th>PORES</th>
<th>ROOTS</th>
<th>MOTTLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0”</td>
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</tr>
</tbody>
</table>

Groundwater observed: (circle one) YES / NO · If yes, depth observed: 
Limiting Layer (not groundwater): (circle one) YES / NO · If yes, depth observed:

SOIL PIT TWO

<table>
<thead>
<tr>
<th>HORIZON DEPTH</th>
<th>BOUNDARY</th>
<th>COLOR</th>
<th>CLASS/TEXTURE</th>
<th>STRUCTURE</th>
<th>CONSISTENCY</th>
<th>PORES</th>
<th>ROOTS</th>
<th>MOTTLING</th>
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</thead>
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</tr>
</tbody>
</table>

Groundwater observed: (circle one) YES / NO · If yes, depth observed:  
Limiting Layer (not groundwater): (circle one) YES / NO · If yes, depth observed:

SOIL PIT THREE

<table>
<thead>
<tr>
<th>HORIZON DEPTH</th>
<th>BOUNDARY</th>
<th>COLOR</th>
<th>CLASS/TEXTURE</th>
<th>STRUCTURE</th>
<th>CONSISTENCY</th>
<th>PORES</th>
<th>ROOTS</th>
<th>MOTTLING</th>
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<tbody>
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<td>0”</td>
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</tbody>
</table>

Groundwater observed: (circle one) YES / NO · If yes, depth observed: 
Limiting Layer (not groundwater): (circle one) YES / NO · If yes, depth observed:

BOUNDARY: Abrupt <1”; Clear 1-2.5”; Gradual 2.5 – 5”; Diffuse >5”
TEXTURES: Course sand/gravel, sand, loamy sand, sandy loam, loam, sandy clay loam, sandy clay, clay loam, silty clay loam, silt loam, silt silty clay, or clay.
STRUCTURES: Strong, moderate, weak, granular; Platy; Prismatic; Columnar Blocky; Angular blocky; sub-angular blocky; Structureless; Massive; Cemented.
CONSISTENCY: Dry: loose, soft, slightly hard, hard, very hard, extremely hard; Moist: loose, very friable, friable, firm, very firm, extremely firm; Wet: non-sticky, slightly sticky, sticky, very sticky, non-plastic, slightly plastic, plastic, very plastic
PORES/ROOTS: Quantity: few, common, many; Size: very fine, fine, medium, coarse
MOTTLING: Quantity: few, common, many; Size: very fine, fine, medium, coarse; Contrast: faint, distinct, prominent
**Effluent Application / System Type Determination**

*Note: The site soil condition must be evaluated to a minimum of two (2) feet below the application area disposal depth or to limiting layer, whichever is shallower.*

### Manual Table 3-1: Minimum Vertical Setback for Standard Systems

<table>
<thead>
<tr>
<th>USDA Textural Classification¹</th>
<th>PERC Rate (MPI)</th>
<th>Minimum Vertical Distance to Groundwater or Limiting Layer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coarse to medium sand</td>
<td>&lt;1.5</td>
<td>Prohibited for Standard Systems. See Section 5 for Alternative System requirements</td>
</tr>
<tr>
<td>Fine sand, loamy sand²</td>
<td>&gt;5-15</td>
<td>8 feet</td>
</tr>
<tr>
<td>Sandy loam, loam, sandy clay loam, silt loam</td>
<td>&gt;15-60</td>
<td>5 feet</td>
</tr>
<tr>
<td>Clay loam, silty clay loam, sandy clay⁴</td>
<td>&gt;60-120</td>
<td>5 feet</td>
</tr>
<tr>
<td>Clay</td>
<td>&gt;120</td>
<td>Prohibited</td>
</tr>
</tbody>
</table>

¹Clays must be non-expansive; maximum Clay content is 60%.
²Subject to Percolation Test in addition to Soil textural determination if 35% or more (by volume) coarse fragments (defined as > 2 mm in size)
³Least permeable Soil Horizon below the point of dispersal and within the minimum separation to Limiting Layer or Groundwater
⁴Pressure Distribution is recommended and may be required where percolation rates are slower than 90 mpi.

### Manual Table 3-2: Application Rates (gallons/square foot/day) Based on Soil Profile

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sand</td>
<td>1.2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Loamy Sand</td>
<td>1.2</td>
<td>0.90</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Sandy Loam</td>
<td>N/A</td>
<td>0.90</td>
<td>N/A</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>N/A</td>
</tr>
<tr>
<td>Sandy Clay Loam</td>
<td>N/A</td>
<td>0.55</td>
<td>0.55</td>
<td>0.49</td>
<td>0.49</td>
<td>0.49</td>
<td>0.0</td>
</tr>
<tr>
<td>Loam</td>
<td>N/A</td>
<td>0.55</td>
<td>0.55</td>
<td>0.49</td>
<td>0.49</td>
<td>0.45</td>
<td>0.45</td>
</tr>
<tr>
<td>Silt Loam</td>
<td>N/A</td>
<td>0.49</td>
<td>0.49</td>
<td>0.45</td>
<td>0.32</td>
<td>0.32</td>
<td>0.0</td>
</tr>
<tr>
<td>Silty Clay Loam, Clay Loam</td>
<td>N/A</td>
<td>0.45</td>
<td>0.45</td>
<td>0.45</td>
<td>0.32</td>
<td>0.32</td>
<td>0.0</td>
</tr>
<tr>
<td>Sandy Clay, Silty Clay</td>
<td>N/A</td>
<td>0.32</td>
<td>0.32</td>
<td>0.32</td>
<td>0.32</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Clay</td>
<td>N/A</td>
<td>0.26</td>
<td>0.26</td>
<td>0.26</td>
<td>0.26</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Indication of Seasonal Water Table in the Proposed Primary area: (circle one) YES / NO · If yes, depth:_____________

Indication of Seasonal Water Table in the Repair/Replacement area: (circle one) YES / NO · If yes, depth:_____________

Is the Soil Suitable for a Standard System: (circle one) YES / NO · If yes, application rate:_____________

· If no, Qualified Professional’s proposed alternative system w/ application rate:_____________

Additional Comments: ___________________________________________
SITE EVALUATION MAP

Not drawn to scale

Completed Site Evaluations have no expiration date, except for when there is a change in site conditions adversely affecting the proposed system area, including but not limited to: lot line adjustments affecting setbacks, soil changes (e.g., soil compaction, grading or fill activities, etc.), location change of the proposed primary or replacement areas, change in regulatory requirements, etc.

Site evaluations will not be complete until a Site Evaluation report is also received from the Qualified Professional.

Yolo County Environmental Health Site Evaluation Report Completed by:

________________________________________  ______________________________
Environmental Health Specialist                        Date
System Design Form for Standard Gravity System

To be submitted with System Design, septic system installation permit application and the proper permit fee.

I. Parcel Identification

<table>
<thead>
<tr>
<th>APN:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant name:</td>
<td>Designer name:</td>
</tr>
<tr>
<td>Applicant mailing address:</td>
<td>Designer mailing address:</td>
</tr>
<tr>
<td>Applicant phone number/email:</td>
<td>Designer phone number/email:</td>
</tr>
</tbody>
</table>

II. Design Parameter

<table>
<thead>
<tr>
<th>Dispersal type:</th>
<th>Drainrock</th>
<th>Chamber</th>
<th>Polystyrene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of bedroom:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily flow (gpd):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septic tank capacity (gal):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application rate (gpd/ft²):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design vertical separation (inches):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ground slope in drain field (%):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainfield square footage:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trench width (inches):</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total lineal trench length (ft):</td>
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<td></td>
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</tr>
<tr>
<td>Trench depth (inches):</td>
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<td></td>
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<tr>
<td>Depth of fill over drainrock (if applicable) (inches):</td>
<td></td>
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<tr>
<td>Curtain drain depth (if applicable) (f):</td>
<td></td>
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</tr>
</tbody>
</table>

III. Certification of Design

The undersigned Designer or Installer (circle one) has submitted this system design based on site evaluation report and the drawings attached hereto.

<table>
<thead>
<tr>
<th>System designer or installer</th>
<th>Date</th>
</tr>
</thead>
</table>

The undersigned has reviewed this design on behalf of Yolo County Environmental Health and has determined it to be in compliance with the county code.

<table>
<thead>
<tr>
<th>Environmental Health Specialist</th>
<th>Date</th>
</tr>
</thead>
</table>

Caution: This design approval is only valid when all the following conditions are met:

- The design is stamped "Approved" by Yolo County Environmental Health
- The system is installed by a qualified installer or homeowner authorized by the Yolo County Environmental Health
- Drainfield site conditions have not been altered to adversely affect conditions of design approval.
- The septic system installation permit has not expired. The permit expiration date is 2 years from the date of issuance
SEPTIC SYSTEM DESIGN CHECKLIST

This Checklist shall be completed and signed by system designer or installer.

☐ Owner’s name
☐ Assessor’s Parcel Number
☐ North arrow
☐ Property lines
☐ Any relevant site features such as cliffs, cut banks, irrigation canals, springs, rock outcrop, landslide areas, drainage ways, etc. within 200 ft of the primary and repair dispersal areas
☐ Any existing and/or proposed site improvements, such as buildings, pools, driveways, parking areas, easements, waterlines, etc. (please specify whether existing or proposed)
☐ Existing wastewater dispersal areas, if present
☐ Location and dimensions of designated primary and repair wastewater dispersal areas
☐ Test hole locations from Site Evaluation
☐ Existing and proposed wells within 200 ft of the primary and repair dispersal areas and neighboring wells within 100 ft of property lines
☐ Location and orientation of curtain drain
☐ Direction of slope in primary and repair dispersal areas
☐ Dispersal field orientation and layout
☐ Trench/bed dimensions and critical distances within layout
☐ D-Box/“T”/“L” locations
☐ Septic tank/pump chamber location
☐ Observation port location
☐ Scale of drawing shown on scale bar
☐ Cross Section Drawings:
  • Dispersal trench
  • Observation port
  • Capping fill, if applicable
  • Curtain drain, if applicable
☐ Building pad
☐ Invasive tree or bushes
☐ System dispersal field and replacement area are staked and taped on property

Note: Designer may use form attached for design drawing or may attached drawing on separate page, provided the elements identified in this checklist are included.

System Designer or Installer (circle one) __________________ Date __________
Owner Name: ________________________________ Scale 1" = ______________
Address / Phone: ______________________________________________________
Site Location: _________________________________________________________
Contact Name: ___________________________ Phone: ___________________
Pressure Distribution or Supplemental Treatment System Design

A system design will be reviewed when the following items are submitted:

- A completed design that has been signed and dated
- Scaled layout sketch, including all applicable items on checklist
- Scaled plot plan, including all applicable items on checklist
- Cross-section sketch, including all applicable items on checklist

I. Parcel Identification

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<td>Designer mailing address:</td>
</tr>
<tr>
<td>Applicant phone number/email:</td>
<td>Designer phone number/email:</td>
</tr>
</tbody>
</table>

II. Design Parameters

<table>
<thead>
<tr>
<th>Treatment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical Separation (inches): _____</td>
</tr>
<tr>
<td>□ Closed bottom sandfilter</td>
</tr>
<tr>
<td>□ Open bottom sandfilter</td>
</tr>
<tr>
<td>□ Mound</td>
</tr>
<tr>
<td>□ ATU (Make/Model)</td>
</tr>
<tr>
<td>□ Textile filter (Make/Model)</td>
</tr>
<tr>
<td>□ Disinfection unit (Make/Model):</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dispersal Type (check off one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Gravity</td>
</tr>
<tr>
<td>□ Trench</td>
</tr>
<tr>
<td>□ Drain rock</td>
</tr>
<tr>
<td>□ Subsurface drip</td>
</tr>
<tr>
<td>□ Pressure</td>
</tr>
<tr>
<td>□ Bed</td>
</tr>
<tr>
<td>□ Gravelless chamber</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Dispersal System Sizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of bedrooms: _____</td>
</tr>
<tr>
<td>Daily flow (gpd): _____</td>
</tr>
<tr>
<td>Septic tank capacity (gal): _____</td>
</tr>
<tr>
<td>Receiving soil type: _____</td>
</tr>
<tr>
<td>Receiving soil Application rate (gpd/ft²): _____</td>
</tr>
<tr>
<td>Required square footage: _____</td>
</tr>
<tr>
<td>Designed square footage: _____</td>
</tr>
<tr>
<td>Percent reduction taken: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elevation Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original drainfield area slope _____ %</td>
</tr>
<tr>
<td>New slope if altered _____ %</td>
</tr>
<tr>
<td>Depth of trench bed for upslope: _____</td>
</tr>
<tr>
<td>Depth of trench bed for downslope: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pump Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference in elevation between pump shutoff and uppermost orifice (ft): _____</td>
</tr>
<tr>
<td>Uppermost orifice is (check off one) □ Higher □ Lower than pump shutoff</td>
</tr>
<tr>
<td>Capacity at total pressure head (gpm): _____</td>
</tr>
<tr>
<td>Calculated total pressure head (ft) (Attach pump curve): _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dosing and Pump Chamber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of doses/day: _____</td>
</tr>
<tr>
<td>Dose quantity (gal): _____</td>
</tr>
<tr>
<td>Chamber capacity (gal): _____</td>
</tr>
<tr>
<td>Pump control (check off one): □ Timer □ Elapse time meter</td>
</tr>
<tr>
<td>If timer, Pump on _____; Pump off _____</td>
</tr>
<tr>
<td>Check the following components if they drain between doses: □ laterals □ Manifold □ Transport</td>
</tr>
</tbody>
</table>
III. Pressure Distribution System Parameters

<table>
<thead>
<tr>
<th>Laterals</th>
<th>Manifold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule/class (feet):</td>
<td>Schedule/class:</td>
</tr>
<tr>
<td>Diameter (inches):</td>
<td>Length (feet):</td>
</tr>
<tr>
<td>Number:</td>
<td>Preferred Manifold Configuration used?</td>
</tr>
<tr>
<td>Separation (feet):</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Orifices</td>
<td>Transport pipe</td>
</tr>
<tr>
<td>Total number of Orifices:</td>
<td>Schedule/class:</td>
</tr>
<tr>
<td>Diameter (inches):</td>
<td>Length (feet):</td>
</tr>
<tr>
<td>Spacing (inches):</td>
<td>Diameter (inches):</td>
</tr>
</tbody>
</table>

IV. Certification of Design

The undersigned Designer has submitted this system design based on site evaluation report and has designed the system as shown on this design form and the drawings attached thereto.

System designer  

Date

The undersigned has reviewed this design on behalf of Yolo County Environmental Health and has determined it to be in compliance with the county code.

Environmental Health Specialist  

Date

Caution: This design approval is only valid when all the following conditions are met:

- The design is stamped “Approved” by Yolo County Environmental Health
- The septic system installation permit has not expired. The permit expiration date is 2 years from the date of issuance
- The system is installed by a qualified installer or homeowner authorized by the Yolo County Environmental Health
- Drainfield site conditions have not been altered to adversely affect conditions of design approval.
Checklists for Required Drawings

**Scaled Plot Plan**
- Test hole locations
- Property lines
- Existing and proposed wells within 100 ft of property lines
- Critical distance measurements to cuts, banks, and surface water
- Location and orientation of curtain drain and all absorption components
- Location and dimension of primary system and replacement area
- Buildings
- Direction of slope indicator
- Waterlines
- Roads/easements/driveways/parking
- Critical resource lands (if applicable)
- North arrow and scale of drawing shown on scale bar.

**Scaled Layout Sketch**
- Drainfield orientation and layout
- Trench.bed dimensions and critical distances within layout
- D-box/"T"/"L" locations
- Septic tank/pump chamber location
- Observation port location
- Clean-out location
- Manifold placement
- Orifice placement
- Lateral placement, with distances to edge of bed
- Audible/visual alarm referenced
- Scale of drawing shown on scale bar

**Mound System Only**
- Overall fill dimensions
- Up-scale, downslope, and endslope fill width

Additional cross-section information for mound system
- Settled cap depth at center and edge of bed
- Sidewall slope
- Up-slope and downslope bed elevation

**Cross-Section Sketch**
Reference depth from original grade:
- Septic tank lid and drainfield cover depth
Reference depth from original grade and restrictive strate:
- Laterals, trench/bed top and bottom
- Curtain drain collector
- Sand augmentation

Other cross-section detail:
- Monitoring wells and clean-outs
# 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

## Property Owner Information

<table>
<thead>
<tr>
<th>Site Address:</th>
<th>APN:</th>
<th>Parcel Size:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Owner(s):</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Building Permit (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Previous Septic Permit No. (if applicable):</td>
<td></td>
</tr>
</tbody>
</table>

## Septic Installation Contractor Information

| Business Name: | License Type: | |
| ---------------|--------------| |
| Address: | License #: | Exp. Date: |
| Onsite Contractor's Name: | Phone Number: | |

## Applicant Information

| Contact Name/Title: | Email: | |
|---------------------|------| |
| Address: | Phone Number: | |

## Type of Work:

- [ ] New construction  
- [ ] Tank replacement  
- [ ] Abandonment  
- [ ] Modification  
- [ ] Other: ___________

## Waste Water Flow / Gallons Per Day (GPD)

- [ ] Residential  
- [ ] Commercial/Multi-Residential  

<table>
<thead>
<tr>
<th>Number of bedrooms:</th>
<th>Max proposed GPD:</th>
<th>Max proposed GPD (attach calc):</th>
</tr>
</thead>
</table>

## Type of System:

- [ ] Standard  
- [ ] Alternative type: ___________

## Soils:

<table>
<thead>
<tr>
<th>Receiving soil type:</th>
<th>Application rate:</th>
<th>(gpd/ft²)</th>
</tr>
</thead>
</table>

## Tank Specifications:

- [ ] Septic tank size: _______ (gal)  
- [ ] 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: ___________

<table>
<thead>
<tr>
<th>Pipe size:</th>
<th>Pipe type:</th>
<th>Drain rock size:</th>
<th>Rock/soil barrier material:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. of lines:</th>
<th>Length:</th>
<th>Width:</th>
<th>Depth:</th>
<th>Total linear feet:</th>
</tr>
</thead>
</table>

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 homeowner's 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.

<table>
<thead>
<tr>
<th>Print Name &amp; Title:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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

## Installation Permit Issuance

- [ ] Approved  
- [ ] Approved with Conditions: ___________

| Date: | EHS Signature: | |
|-------|----------------| |

## For Office Use Only

| Permit Number: | On #: | |
|----------------|------| |
| Date Issued: | Fees Paid: | |
| Receipt #: | Cc or Check #: | |
| Facility ID: | Site Eval/SR #: | |
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
# SEPTIC ABANDONMENT PERMIT APPLICATION FORM

**YOLO COUNTY**  
Department of Community Services  
Environmental Health Division

292 W. Beamer Street, Woodland CA 95695  
Phone: (530) 665-8646  Fax: (530) 669-1448

## PROPERTY OWNER INFORMATION

<table>
<thead>
<tr>
<th>Site Address:</th>
<th>City:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor’s Parcel Number:</td>
<td>Parcel Size (acres):</td>
<td></td>
</tr>
<tr>
<td>Property Owner(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (if different than above):</td>
<td>City/State:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Building Permit No. (if applicable):</td>
<td>Previous Septic Permit No. (if applicable):</td>
<td></td>
</tr>
</tbody>
</table>

## SEPTIC ABANDONMENT CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>License Type:</th>
<th>License #:</th>
<th>Exp. Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City/State:</td>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Onsite Contractor’s Name:</td>
<td>Phone Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## APPLICANT INFORMATION

[ ] Same as Property Owner Info  
[ ] Same as Contractor Info

<table>
<thead>
<tr>
<th>Contact Name/Title:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

**Reason for abandonment:**  
[ ] New septic system  
[ ] City connection  
[ ] Failed system  
[ ] Demo of building served

**How tank will be destroyed:**  
[ ] Removal  
[ ] Buried  
[ ] Other:  

**Type of tank:**

**Proposed date tank will be pumped?**  
(mm/dd/yyyy)  
(provide receipt at time of inspection)

A site map drawn to scale (include scale legend) with the septic tank and leach field locations shall be submitted with this application. Please include the following: APN, owner’s name, north arrow, and property lines.

Please call the office 24 hours in advance during business hours to schedule an inspection. Inspection shall be made after the tank is pumped and prior to backfill or removal.

---

I will comply with all Codes, Rules, and Regulations of the State and County pertaining to the abandonment of septic systems including the conditions and required inspections indicated on this application. 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  
**ABANDONMENT PERMIT ISSUANCE**

[ ] Approved  
[ ] Approved with Conditions:  

EHS Signature:  
Date:  

---

## FOR OFFICE USE ONLY  
**ABANDONMENT FINAL APPROVAL**

[ ] Approved  
[ ] Approved with Conditions:  

EHS Signature:  
Date:  

SEPTIC SYSTEM OPERATING PERMIT

I. APPLICATION

This is to be completed by the applicant

<table>
<thead>
<tr>
<th>APN:</th>
<th>Septic Permit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
<td>Property Owner Name</td>
</tr>
<tr>
<td>Applicant Mailing Address</td>
<td>Property Address</td>
</tr>
<tr>
<td>Applicant Phone Number and email:</td>
<td>Certified OM&amp;M Specialist</td>
</tr>
</tbody>
</table>

II. OPERATING PERMIT

This is to be completed by Environmental Health Specialist

General Information

Renewal frequency: _____ year(s)  
System Type:  
Comments/Conditions:

☐ Initial Issuance Checklist

☐ Final approval by EH  ☐ Completed As-Built  ☐ OM&M Manual  ☐ Deed Recorded

☐ Renewal Information

OM&M Specialist: _______________  Inspection Date: _______________

☐ No problem noted  
☐ Problem noted and corrected:

It has been determined that this permit meets the requirements of Yolo County Code chapter 18. Renewal is based on the information in the attached OM&M Report.

________________________________________  __________________________  __________________________
Environmental Health Specialist  Date  Next Renewal Date
Operation, Monitoring and Maintenance (OM&M) Report Checklist (per Section 10 of the Manual):

1. System inspection and findings: include but not limited the following components (attach inspection reports)
   - Septic tank
   - Pump and dosing chamber
   - Control panel
   - Drainfield

2. Monitoring report for supplemental treatment effluent:
   - Annual monitoring of treated effluent and untreated effluent, if applicable:
     - Total coliform
     - Fecal coliform
     - BOD
     - TSS
     - Total nitrogen, if required
   - Additional monitoring data if the initial monitoring results fail the standards

3. Wastewater flow for the year
CONTRACTOR'S AS-BUILT REPORT
This is required for new system and major repair

Property Owner: 
Mailing Address: 
Property Address: 
APN: , FA
Designer name/phone:

All items below must be completed by the installer

<table>
<thead>
<tr>
<th>I. SEPTIC TANK</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) &gt;5 ft. from foundation?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B) &gt;50 ft from wells and surface water?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C) Bldg stub-out to septic tank: clean-out if not 1-2%?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D) Sanitary Ts in tank intact and clean?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E) Risers installed for access?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F) Leak test performed?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G) Tank Size: gal.; Manufacturer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. DISPERAL FIELD</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) &gt;5 ft from foundation and &gt;5 ft from property lines?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B) &gt;100 ft from wells and surface water?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C) &gt;10 ft from potable water lines?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D) Distribution box leveled with water?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E) Laterals level to +/- 1 inch &amp; end caps present if not looped?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F) Gravelless chambers utilized?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G) System dimensions the same as shown on the design?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>H) Gravel clean, properly sized, and proper depth?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I) Observation ports present?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. ADDITIONAL ITEMS FOR PRESSURE SYSTEMS</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Sand quality as specified on design?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B) Head height uniform and 24 inches? Actual head height</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C) Clean-outs and observation ports present?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D) Mound: Side Slope 3:1?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. PUMP/PUMP CHAMBER</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Screen basket or effluent filter (circle one) installed?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B) Riser installed for access?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C) Alarm installed?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D) Pump make ; Pump model</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E) Chamber size gal; gal/inch; Chamber Manufacture</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F) Pump chamber draw-down inches per minute; Height of pump off bottom of pump chamber inches</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G) Pump controls: Timer (or) Elapsed Time Meter (circle if installed); If timer is used: Pump on , Pump off</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification of Installation

□ I certify that I installed the septic system without any deviation from the system design stamped “Approved” by Yolo county Environmental Health.

Installer Date
As-Built Drawing

Minimum requirements: a scaled plot plan identifying the location of the installed system and components in relation to structures on the property

Checklist

☐ Drainfield & manifold orientation & layout
☐ Two corners (labeled as A and B) of a permanent structure closest to the septic tank. Triangulate measurements shall be taken from A and B to septic tank, D-boxes, ends of drainfield laterals, wells, curtain drains and roof drainage.
☐ Trench/bed dimensions and critical distances within layout
☐ Pump tank placement.
☐ Location of buildings.
☐ Observation port & clean-out location.
☐ Roads.
☐ Septic replacement area.
☐ Undisturbed native soil between trenches.
☐ GIS coordinates for the septic tank.
☐ North arrow.

Installer Certification

☐ I certify that the system was installed per system design stamped “Approved” by Yolo County Environmental Health. I certify that if there any deviation made from the system design stamped “Approved” by Yolo County Environmental Health, they are shown above, and (applicable for supplemental treatment system only) I further certify that I contacted the designer and left the system open for inspection prior to cover.

Installer ___________________________ Date ______________

Designer Certification
(Required only for Supplemental Treatment System)

☐ I certify that I inspected the system installation and that is in substantial conformity with the approved system design.

Designer ___________________________ Date ______________
Property Identification:

Property Owner(s): 

Property (Site) Address: 

City State Zip

Assessor Parcel Number (APN): 

EnvisionConnect Facility Number: 

Real Property Description (See Attachment A):

System Type:

☐ Septic tank to pressure distribution dispersal;
☐ Supplemental treatment to pressure distribution dispersal;
☐ Other:

Purpose of the Notification

The purpose of this Notification is to meet the requirements specified in the Yolo County Onsite Wastewater System Treatment Ordinance and Manual for recordation of an agreement, and to protect water quality and public health by assuring:

1. Compliance with Chapter 18 of the Yolo County Ordinance,
2. Construction and installation of an adequate onsite wastewater treatment system, hereafter called “System”, as a condition to the issuance of a building permit for the erection of any residential/commercial structure thereon,
3. Maintenance and renewal of the System’s Operating Permit,
4. Assess to the System as required for monitoring and maintenance,
5. Operation, maintenance and monitoring (OM&M) of the System in a manner consistent with the Yolo County Onsite Wastewater Treatment System Manual, and
6. Information is provided to the System’s owner wanting more information about the requirements for ongoing permitting, operation, monitoring and maintenance, and estimated cost for replacement of the System.
General Provisions

1. The provisions of this Notification shall bind and insure to the benefit of the heirs, assigns, and successors in interest of the parties hereto in the same manner as if they have herein been expressed named. This Notification shall remain in full force and effect until such time as the County shall execute a release or until such time as the State of California and the County no longer requires monitoring, inspection, and/or testing of a System in Yolo County.

2. In consideration of the approval of the System by County on the Property, the Owner hereby agrees to defend, indemnity, and hold County, its employees, officers and agents, free and harmless from any and all claims, damages, and causes of action of every kind, including but not limited to, the amounts of judgments, interest, court costs, legal fees, and all other expenses incurred by County arising in favor of any party, including personal injuries, death or damages to property (including employees or property of County) and without limitation by enumeration, all other claims or demands of every character occurring or in any way incident to, in connection with or arising directly or indirectly out of, the approval, inspection, testing, monitoring or other actions by the County pertaining to System, except to the extent County activities are grossly negligent or constitute willful misconduct. This provision is not intended solely to provide for indemnification of County as specified above.

Operating Permit Requirement

1. The Owner agrees to maintain a valid Operating Permit for the System, and renew the Operating Permit at the frequency established in the Onsite wastewater Treatment System Manual for the type of System maintained.

2. The Owner agrees to utilize a qualified OM&M Specialist to inspect, and service the System as a condition for Operating Permit renewal and at a frequency specified in the Onsite wastewater Treatment System Manual.

Access

1. The Owner grants to the County and its agents, employees, officers and contract persons access to all portions of the Property upon which the System and appurtenances thereto are located.

2. The access shall be for the purpose of inspecting, testing, sampling, placing and removing test devices for the purpose of evaluating and monitoring the System, and to investigate the effect of the System or failure thereof.

3. County personnel or designate contract persons shall utilize due care and caution when entering upon the Property and shall not hold Owner responsible for any injuries or damages that may occur while on the Property that could have been avoided with the exercise of due care and caution.

4. Except in the event of an emergency requiring immediate action to protect the public health and safety, the County shall provide Owner reasonable advance notice (generally, a minimum of 24 hours) of its intent to enter upon the property. Entry shall be limited to normal business hours unless otherwise arranged with owner.

Operating, Monitoring, and Maintenance

1. Treatment, dispersal, and designated replacement areas on the Property shall be protected for the System in accordance with Chapter 18 of the Yolo County Code and the On-Site Wastewater Treatment System Manual. Generally, the areas shall not be used for corrals, pasturing of large animals, building sites or any other use that would impair the System’s operation. Replacement areas are shown on approved System design prepared by the Designer and approved by County.

2. For non-compliant systems, additional fees may be charged for administration and enforcement.

3. Costs associated with County abatement action in the event the System fails and Owner does not remedy the failure shall be the responsibility of the Owner. Costs of repair or remediation shall be paid by Owner separate from the costs associated with maintenance of the System’s Operating Permit.
4. Nothing in this Notification shall be construed as requiring County to make any of the improvements described, nor shall any provisions of this Notification be deemed to preclude any other relief provided by law.

Additional Information

The Owner may obtain additional information from Yolo County Environmental Health regarding the System’s operation, monitoring, and maintenance and estimated costs of System maintenance and replacement.
I understand that this License is for the limited purpose of monitoring as required by the State of California and/or County of Yolo.

I understand that this License is for the limited purpose of monitoring as required by the State of California and/or County of Yolo.

IN WITNESS WHEREOF, the parties have executed this Notification this ___ day of ___________________________, 201__.

Approved as to Form

I have reviewed this Deed Restriction, set forth above, and it is hereby approved for recordation by the property owner.

__________________________________________
Environmental Health Specialist (signature and printed name) Date

Property Owner
I certify that I am the owner of record of the Property and agree to be bound by the provisions set forth herein.

__________________________________________
Signature Date Printed Name

ACKNOWLEDGEMENT

State of California
County of Yolo

On __________________________ before me,

Notary Public,

Name and Title of Officer

Personally appeared

who proved to me on the basis of satisfactory evidence to be the person (s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand & official seal

__________________________________________
Signature of Notary Public NOTARY SEAL
Attachment A
Parcel Legal Description
(Note: Parcel Legal Description Attached as Page 4)
APPLICATION FOR SEPTIC SYSTEM DESIGN VARIANCE

APPLICANT: Name: ___________________________ Phone: __________ email: ________________

Mailing address: ________________________________________________________________

OWNER: Name: ___________________________ Phone: __________ email: ________________

Mailing address: ________________________________________________________________

CONTRACTOR: Name: ___________________________ Phone: __________ email: ________________

Mailing address: ________________________________________________________________

PROPERTY:
Assessor Parcel Number (APN): __________________________________________________

Address: ______________________________________________________________________

SYSTEM DESIGN:

Please attach a design for the proposed septic system. Include lot size, all existing structures, wells, proposed setbacks and limiting factors (i.e. slopes, high groundwater, wetlands, trees, and vegetation etc.)

<table>
<thead>
<tr>
<th>Variance(s)Requested:</th>
<th>Applicable County Code:</th>
<th>Reason(s) for Variance:</th>
<th>Alternatives if Variance is Denied:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>(No variance shall be granted where there is an alternative that meets adopted standards)</em></td>
</tr>
</tbody>
</table>

The Variance(s) Process:

On a case by case basis, the Director of Environmental Health may grant a variance to certain provisions of the Yolo County Code. Such requests shall be made in writing by the applicant and include an appropriate fee. No variance will be granted that constitutes a grant of a special privilege inconsistent with limitations placed upon other properties in the same or similar circumstances.

The applicant must provide written evidence that ALL eight (8) of the following criteria for granting the variance(s) are being met. The detailed statements answering each of the following criteria shall be attached to this application.

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
(1) The variance would not present a public health hazard, have an adverse environmental effect, or result in pollution or degradation of ground water or surface water.

(2) Special circumstance(s) exist(s) for the subject property and for which strict application of the requirements of County Code create(s) an undue hardship.

(3) The hardship is due to unique conditions affecting the property.

(4) The hardship was not intentionally caused by the action of the applicant.

(5) The requested variance will not have an adverse effect on the surrounding properties.

(6) The requested variance will not confer on the applicant any special privilege that is denied to other property owners with similar circumstance.

(7) The strict interpretation of the provisions of the County Code would deprive the applicant of rights commonly enjoyed by other properties in the same or similar circumstances.

(8) The requested variance is the minimum variance which would alleviate the hardship.

I certify that the above information and the attached information is correct, and that I am authorized to file an application for a Variance Request to a Septic System Design affecting said property on behalf of the owner.

Applicant Signature/Title

Date

Property Owner Signature

Date

Office Use Only:

• REHS Findings/Remarks:

Reviewed by: ________________, REHS Date: ____________

• EH Supervisor Findings/Recommendation:

Reviewed by: ________________ Date: ____________

• Director of Environmental Health Findings/Recommendation:

☐ Variance Granted with the following conditions:

☐ Variance Denied for the following reason(s):

Director of EH: __________________________ Date: ____________
Septic Pumper Truck Spill Kit Requirements

Sewage spills are an infrequent occurrence, but are an important public health issue that should always be considered. Raw sewage contains biological agents such as bacteria, viruses, fungi, and parasites that can cause serious illness and even death. If you have a sewage spill, proper cleaning and disinfecting procedures should be followed to prevent illness. Basic procedures for clean-up are listed on the other side of this handout.

The following items shall be included on the truck at all times:

1. **Personal protection equipment:**
   - Gloves, Rubber boots, Eye protection

2. **Pigs** — a containment tool to prevent the movement of wastewater liquids to unwanted areas and to stop the spill from entering storm drains or other natural surface waters.

3. **Absorbent material** — to absorb wastewater liquid (kitty litter works well).

4. **Shovel** — to pick up contaminated absorbent material and solids.

5. **Garbage bags** — to throw away solids and absorbent pigs.

6. **5-gallon bucket** — to contain solids and/or tools needing disinfection after spill.

7. **Bleach** — ¾ cup to 1 gallon water will disinfect area after solids are removed.

8. **Lime** — to be used if near surface water or other waterways to disinfect area after solids are removed. Always follow container label.
Standard Procedures for Cleaning Up Domestic Wastewater/Sewage Spills

- If the area in which the spill occurred is accessible to the public or domestic pets, the contaminated area must be clearly marked or cordoned off to restrict access. Keep children and interested bystanders away from cleanup activities.

- Protective clothing (at a minimum, rubber or latex gloves and rubber boots) should be worn when cleaning up a sewage spill. (Dispose of gloves and wash rubber boots when leaving spill site).

- Lime may be applied to the affected area but should only be used or applied by people experienced in using this material and excess lime must be removed after the sewage has been removed. Please note that hydrated lime is a caustic material and is dangerous to handle and apply. Follow directions on the label.

- Do not mix cleaning / disinfecting products or chemicals. Cleaning products can react with one another to produce toxic vapor or liquid substances.

- If the spilled material can’t be recovered using hand tools, a commercial vacuum/pump truck should be called to remove all visible liquid and solid material.

- When the area is visibly clean, either a chlorine / water solution (using Clorox or a bleach that has “sanitizes” or “kills germs” on the label) or hydrated lime should be applied to the spill area to disinfect. To make a 5% chlorine solution, add 3/4 cup Clorox bleach to one (1) gallon of water.

- If the spill occurred in a heavily populated area and odor may be an issue or is within 100 feet of surface water, hydrated lime should be applied to the area in place of chlorine bleach. Enough hydrated lime should be applied to raise the pH to at least 12. By raising the pH to 12 for at least 1 hour, the area will be disinfected. Because lime is a caustic material, access to the area treated with lime must be restricted during the disinfection period. If using lime, any residual must also be cleaned up. Lime is also highly corrosive to aluminum, so don’t use where aluminum is present – use chlorine.

- After the spill area has been cleansed (24 hours after the chlorine solution or hydrated lime has been applied) and any residual lime removed, the barriers may be removed and access to the area restored.