

FOR OFFICE USE ONLY

FACILITY ID #: _____ ON #: _____
DATE RECEIVED: _____ RECEIPT #: _____
RELATED TO OWTS INSTALLATION PERMIT #: _____

**ALTERNATIVE OWTS
(Septic System)
OPERATING PERMIT
APPLICATION FORM**



Yolo Co. Department of Community Services
Environmental Health Division
292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 Fax: (530) 669-1448

New OWTS/Septic System Change of Ownership Other: _____

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:		

OWTS MANAGER INFORMATION Check if Property Owner is the manager with the same info as above

Name:	Phone Number:	
Mailing Address:	City/State:	Zip Code:
Email:		

OWTS SERVICE PROVIDER INFORMATION

Name:	Phone Number:	
Mailing Address:	City/State:	Zip Code:
License #:	License Type:	Email:
Supplemental Treatment Certified: <input type="checkbox"/> Yes <input type="checkbox"/> n/a	If yes, name of Certification Company:	

OWTS INFORMATION Residential System Commercial System

OWTS/Septic System Install Permit Number:	Date of System Installation Final Inspection:
OWTS Installer:	OWTS Designer:

TYPE OF ALTERNATIVE OWTS: Supplemental: Proprietary Media Filter Supplemental: Proprietary Aerobic Treatment Unit
 Supplemental: Intermittent/Recirculating Sand Filter Supplemental: Raised Sand Filter Holding Tank Cluster System
 Vault Toilet Systems in Engineered Fill Community System Large System Other: _____

I will comply with all Codes, Rules, and Regulations of the State and County pertaining to operation, maintenance, and monitoring of this OWTS/septic system. I understand I am responsible for providing the required OWTS/septic system OM&M records on an annual basis.

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

Permit will be issued to the system owner and is not transferrable when ownership changes.

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OM&M Permit Issuance

RENEWAL FREQUENCY: _____ year(s) **INITIAL OPERATING PERMIT VALID: FROM** _____ **TO** _____

Approved
 Approved with Conditions: _____

It has been determined that this Operating Permit currently meets the requirements of Yolo County Code, Chapter 19. Annual renewal is based on the on-going required OM&M requirements, to include proper operation, maintenance and monitoring of this system.

Date: _____ EHS Signature: _____

**Operation, Monitoring and Maintenance (OM&M) Report Checklist for
Alternative OWTS/Septic System requiring an Operating Permit:**
(see Section 10 of the Manual for all requirements)

Complexity and frequency of inspection will be related to the complexity and maintenance requirements of the system components, recommendations of the manufacturer and industry standards.

Minimum Inspection Requirements for
Supplemental Treatment Units:

1. Twelve (12) months of actual flows into the system. If this cannot be obtained, then the best reasonable estimate shall be provided.
2. Inspection report of system inspection findings, to include but not limited to the following components:
 - a. Septic tank
 - b. Pump and dosing chamber
 - c. Control panel
 - d. Leach field
3. When applicable, annual monitoring report for supplemental treatment effluent:
 - ✓ Total coliform
 - ✓ Fecal coliform
 - ✓ BOD
 - ✓ TSS
 - ✓ Total nitrogen, if required
 - ✓ Include additional monitoring data if the initial monitoring results fail the standards