



TRINITY COUNTY BUILDING & DEVELOPMENT SERVICES DEPARTMENT
 ENVIRONMENTAL HEALTH SECTION
 P.O. Box 476, Weaverville, CA 96093-0476
 Phone: (530) 623-1459

Permit# SP _____

Receipt# _____

New Permit Fee: ~~\$663.00~~ 695.⁰⁰
 Repair Permit Fee: ~~\$248.00~~ 249.⁰⁰

APPLICATION FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Applicant's Name _____

Mailing Address _____ City _____ State _____ Zip _____ Phone _____

Detailed Directions Construction Site _____

APN _____ Size _____ ft. x _____ ft. or _____ acres No. Bedrooms _____ No. Baths _____

Type of System: New _____ Repair or Additions _____ Type of Building: Home _____ Other _____

Water Supply for Premises: Community _____ Drilled Well _____ Spring _____ Other _____

MINIMUM SETBACK REQUIREMENTS:

Well (on and off site)	100 feet	Unstable Land Forms	50 feet
Year-round stream (perennial)	100 feet	Spring	100 feet below 200 feet above
Seasonal Stream (ephemeral)	50 feet	Property boundary line	5 feet
Road runoff ditch	25 feet	Any part of structure, deck, porch	5 feet /tank 8 feet /leach line
Lake or reservoir	200 feet	Not allowed on slopes greater than 30%	
Cut banks, bluffs, sharp change in slope 3 x height in feet, min 25 feet		Not allowed in fill material	

PLOT PLAN: Draw to scale and show the following: Location existing or proposed buildings, well, creek drainages, springs, property lines, cut or filled area, roads, utilities and easements; include north arrow.

Use attached sheet if necessary.

Signature _____ Contractors Lic. # _____ Date _____
 Property owner or Licensed Contractor

DO NOT WRITE BELOW THIS LINE

Effective _____ Expiration Date _____

If conditions under which this permit was issued should change, including changes in surrounding parcels, making the placement or design of this system in violation of local, State or Federal regulations, this permit will become invalid.

Any significant grading, cutting or filling of soil, prior to final approval, may invalidate this permit. Insure equal distribution to each leach line. Install lines on the contour.

Tank: Required Capacity (minimum gallons) 2 bedroom =750 □ ; 3 bedroom=1000 □ ; 4 bedroom=1200 □ ; 5 bedroom=1500 □ .

Soil/Percolation Data: _____

Leach Trench: Total Length _____ Width _____ Depth _____ Minimum distance between lines _____

Leach Gravel: Over Pipe _____ Under Pipe _____ Approved Chamber System (make/model) _____

APPROVED BY _____ DATE _____

FINAL INSPECTION BY _____ DATE _____ Notes /As-built Info. _____

Changes in Construction

**TRINITY COUNTY BUILDING AND DEVELOPMENT SERVICES
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61 Airport Road, P.O. Box 476, Weaverville, CA 96093 Phone: (530) 623-1459

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

1. Two (2) percolation tests per parcel must be done in the area that the sewage disposal system is proposed. The percolation holes must be flagged. The instructions are attached to the application. Any results submitted that do not comply with the property procedure will not be accepted. The location of tests must be designated on the application. At the request of the Health Department, other soil tests may be required.
2. The direction to the construction site must be exact. Indicate landmarks, roads, etc. The easier it is to find the site, the faster the permit application can be processed.
3. Furnish a sketch to scale on the graph provided, showing:
 - a. Distances between property lines and proposed area for the sewage disposal system.
 - b. Distances to any well, spring, creek (year-round or seasonal) or other bodies of water.
 - c. Directions and approximate slopes of the lot.
 - d. Location of any percolation holes.
4. The applicant must sign the application. The signature indicates that the information provided on the permit application is true and accurate to the best of the applicant's knowledge.
5. The person performing the percolation tests must sign and date the test results.
6. Contact Environmental Health a minimum of 24 hours prior to the installation. Two inspections of the installation will be done by the Environmental Health Division before you receive Final Notice.
7. Approval of the application is not a guarantee that the proposed installation will function satisfactorily; it only indicates the system meets the minimum requirements of Environmental Health.
8. If construction is not started one year from the date of issuance, the permit shall be deemed expired. You Must Reapply After One Year. (Uniform Plumbing Code 20.3).

KEEP THIS FORM- DO NOT RETURN. . . .

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OWNER – BUILDER INFORMATION

Dear Property Owner:

An application for a Sewage Disposal Permit has been requested in your name listing you as the "owner" of the property improvements specified.

For your protection, you should be aware that as "owner-builder", you are the responsible party of record on such a permit. Sewage Disposal Permits are not required to be signed by property owners unless they are personally performing their own work. If your work is being performed by someone other than yourself, you may protect yourself from possible liability if that person applied for the proper permit in his/her name.

Contractors are required by law to be licensed and bonded by the State of California. They are also required by law to put their license number on all permits for which they apply.

If you plan to do your own work, with the exception of various trades that you plan to subcontract, you should be aware of the following information for your benefit and protection:

1. If you employ or otherwise engage any person/s other than your immediate family, and the work (including materials and other costs) is \$200.00 or more for the entire project, and such persons are not licensed as contractors or subcontractors, then you may be an employer.
2. If you are an employer, you must register with the state and federal government as an employer and you are subject to several obligations including state and federal income tax withholding, federal social security taxes, worker's compensation, disability insurance costs, and employment compensation contributions.

There may be financial risks for you if you do not carry out these obligations, and these risks are especially serious with respect to worker's compensation insurance.

For more specific information about your obligations under federal law, contact the Internal Revenue Service, and, if you wish, the U.S. Small Business Administration. For more specific information about your obligations under state law, contact the Department of Benefit Payments and the Division of Industrial Accidents.

For information concerning hiring practices and employer information, call the California Labor Commission at (916) 225-2654. To verify the contractor's license number, call the California Contractor's License board at (916) 225-2640. For Worker's Compensation Insurance information, call the State Compensation Insurance Fund at (916) 243-8400.

A frequent practice of unlicensed persons professing to be contractors is to secure an "Owner-Builder" Sewage Disposal Permit, erroneously implying that the property owner is providing his/her own labor and materials personally. The permits are required to be signed by property owners only if they are performing their own work personally.

Please complete and return the enclosed Owner-Builder Verification Form so that we can confirm that you are aware of these matters. The Sewage Disposal Permit will not be issued until the verification is returned.

KEEP THIS FORM- DO NOT RETURN.

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OWNER-BUILDER (SEWAGE DISPOSAL) VERIFICATION

Please complete the appropriate sections and return this information with your application for a permit. The Sewage Disposal Permit will not be issued until it has been received.

1. I have received a copy of the "Owner-Builder Information Sheet". Yes _____ No _____
2. I personally plan to provide the major labor and materials for construction of the proposed property improvement. Yes _____ No _____
3. I have _____ or have not _____ signed an application for a Sewage Disposal Permit for the proposed work.
4. I have contracted with the following person/firm to provide the proposed construction:

Name: _____ Phone: _____

Address: _____ License No.: _____

5. I will provide some of the work, but I have contracted/hired the following person(s) to provide the work indicated:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Type of Work</u>

Workers Compensation Declaration

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work, which is permit is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: _____ Policy No. _____

- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

Date: _____ Signature: _____

APN: _____ Owner's Name (Print): _____