



Trinity County Division of Environmental Health
P.O. Box 476 • 61 Airport RD • Weaverville, CA 96093

(530) 623-1459

Fees: \$695.00 New
 \$219.00 Repair
Permit # SP _____
Receipt # _____
Date _____

Application for an Onsite Sewage Disposal System Permit:

APN: _____

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physical Address: _____ City: _____

Detailed Directions to site (required): _____

Lot Size: _____ No. of Bedrooms: _____ No. Baths: _____ Water Source: _____

Proposed Septic Meets Minimum Setback Requirements:

Well/Spring _____ 100'

Stream/Creek high water mark _____ 100'

Wetlands/lakes/vernal pools/ponds high water mark _____ 200'

Unstable land mass _____ 100'

Property lines/structures _____ 5'

*Not allowed on slopes greater than 25%, in fill, or packed materials

Detailed site map attached

Perc Tests attached

Contractor or Owner-Builder Form attached

Permit has been checked for errors and is signed

If conditions under which this permit was issued should change, including changes in surrounding parcels, making the placement or design of the system in violation of the 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 leach lines on the contour. This permit is good for 1 year from the approval date. If your permit expires it is your responsibility to get it renewed.

Signature: _____ **Contractor's Lic#** _____ **Date:** _____
(Property Owner or Licensed Contractor)

Official Use Only

Effective: _____ Expiration: _____

Tank size required (minimum gallons): 750 gal. 1000 gal. 1200 gal. 1500 gal.

Soil/Percolation Data: _____

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

Leach gravel over: _____ Leach gravel under: _____

Approved chamber system (make/model): _____

APPROVED BY: _____ **DATE:** _____

FINAL INSPECTION BY: _____ **DATE:** _____

Notes/As-Built information: _____



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Plot map must be included. Plot map must show distances to structures, property boundaries, proposed leach lines, proposed septic tank, wells and all creeks and water ways on or off of the property and any other significant land formations

FINAL INSPECTION BY:
Notes/As-Built information:

DATE:



TRINITY COUNTY

BUILDING & DEVELOPMENT SERVICES ENVIRONMENTAL HEALTH DIVISION

P.O. BOX 476 / 61 AIRPORT ROAD
WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1459, FAX (530) 623-1353

PERCOLATION TEST PROCEDURES

The object in conducting percolation tests of soil in which a drain field or seepage pit is to be installed is to determine the length of time required for the soil to absorb one inch of water when the ground has been saturated. The information obtained from these tests together with knowledge of the approximate amount and type of sewage to be discharged, make it possible to determine the size of the drain field.

Holes 4 to 6 inches in diameter have been found to be the most convenient. However, this diameter is not critical, and particularly in very loose soils, it may be easier to dig larger holes. Sides of the holes should be vertical and the depth should be approximately that of the proposed drain field. The holes (2 or more) should be approximately 30 feet apart and in the area where the drain field will be installed.

1. The sides should be roughed up to eliminate packing caused by the shovel or post holes digger, which would reduce the percolation rate. Two inches of the fine gravel should be placed in the hold to prevent bottom scoring.
2. Fill the hold with clear water being careful to avoid washing down the sides of the hole. By refilling if necessary, keep at last 24 inches of water in the hole for at least 24 hours. After the above saturation, start with no more than 12 inches of water above the gravel (remove water if necessary) and being the measurements.
3. Select a reference point from which to measure (a board laid across the mouth of the hold is satisfactory) and measure the distance from the reference point to the level of the water. Enter the time and distance measured on the chart below.
4. Repeat the measurement at the end of 30 minutes. Continue making measurements at 30 minutes intervals for 4 hours.
5. If the water level drops too low for further readings, refill to the 12 inch level at the end of a 30 minute period, measure and proceed as before.
6. If the hole consistently drains in less than 30 minutes make readings at 10 minute intervals.
7. Sketch plot on back of this form and/or on application form.

Percolation Test Results			
Hole 1		Hole 2	
Time	Depth to Water	Time	Depth to Water

I hereby certify that the above percolation tests were done in accordance with the instructions and the results recorded here are true and correct.

Date: _____ Signature _____

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



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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 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 Yes___ No___ of the proposed property improvement.
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:

Name	Address	Phone	Type of Work

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 the 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 his 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 provision of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURTE TO SECURE WORKERS' COMPENSATION IN UNLAWFUL, WE SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLAR (\$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): _____



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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 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 cost, 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, you can contact 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) 225-2265. To verify the contractor’s license number, call the California Contractor’s License board at (916) 225-2640. For Worker’s Compensation Insurance, 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 material personally. The permits are required to be signed by property owner 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.