

**FOR OFFICE USE ONLY**

PERMIT #: \_\_\_\_\_ ON #: \_\_\_\_\_  
 DATE RECEIVED: \_\_\_\_\_ FACILITY ID #: \_\_\_\_\_  
 RECEIPT #: \_\_\_\_\_ CC or CHECK #: \_\_\_\_\_  
 FEES PAID: \_\_\_\_\_ PE #: \_\_\_\_\_

**OWTS 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**

Site Address:	City:	Zip Code:
Assessor's Parcel Number:	Parcel Size (acres):	
Property Owner(s):	Phone Number:	
Mailing Address:	City/State:	Zip Code:
Email:	Building Permit #:	

**INSTALLER INFORMATION**  Check if Property Owner is the installer

Contractor Name:	Phone Number:		
Mailing Address:	City/State:	Zip Code:	
Email:	License #:	License Type:	Exp. Date:

**APPLICANT INFORMATION**

Name:	Phone #:	Email:
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**OWTS DESIGNER** (name and phone number): \_\_\_\_\_

**TYPE OF WORK:**  New construction  Minor repair  Major repair  Modification  Other: \_\_\_\_\_

**PROPERTY LINE SETBACKS:** Distance to dispersal field: \_\_\_\_\_ (ft) Distance to tank: \_\_\_\_\_ (ft)

**LEEVE SETBACKS:** Distance to dispersal field: \_\_\_\_\_ (ft) Distance to tank: \_\_\_\_\_ (ft)

**WASTE WATER FLOW / GALLONS PER DAY (GPD):**

Residential Number of bedrooms: \_\_\_\_\_ Max proposed GPD: \_\_\_\_\_  
 Non-Residential/Multi-Residential Type of business: \_\_\_\_\_ Max proposed GPD (*attach calcs*): \_\_\_\_\_

**TYPE OF SYSTEM:**  Standard  Alternative type: \_\_\_\_\_

**SOILS:** Receiving soil type: \_\_\_\_\_ Application rate: \_\_\_\_\_ (gpd/ft<sup>2</sup>)

**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  Drip dispersal  Other: \_\_\_\_\_  
 Distribution (gravity-fed only):  Serial  Parallel/Equal 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 (pressurized 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.

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)**

**PLEASE NOTE:** Septic system installation does **not** grant entitlement to development of a parcel (for example, remodeling a building, etc.). Therefore, YCEH **strongly recommends** that you contact the appropriate departments or divisions (such as the Yolo County Building Division, Planning Division, etc.) as early as possible and prior to septic installation.

**FOR OFFICE USE ONLY****Installation Permit Issuance**

Approved  Approved with Conditions: \_\_\_\_\_  
 Date: \_\_\_\_\_ EHS (print and sign): \_\_\_\_\_

**A complete System Design Form, design plans and 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 *(if applicable)*
13. Direction of slope in primary and repair dispersal areas
14. Dispersal field orientation and layout
  - If alternative, include system type/make/model and equipment specifications
15. Trench/bed dimensions including depth and critical distances within layout
16. 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)*
17. Primary Septic Tank / Pump Tank location(s)
  - Pump specifications including pump curve *(required if applicable)*
18. D-Box /"T"/"L" locations
19. Monitoring/observation port locations
20. System dispersal field and replacement areas
21. Invasive vegetation (e.g. Eucalyptus trees, etc.)
22. Animal enclosures and hazardous materials storage (including fuel tank(s))

**REQUIRED INSPECTIONS:**

Checked inspection(s) are required. Some inspections can be combined with YCEH approval.  
Call the office a minimum of 48 hours in advance to schedule inspection(s).

- Pre-Construction:** *marked layout of the proposed system onto the ground*
- Tank(s):** *required watertight test to be inspected by YCEH*
- Open trench:** *excavations checked for designed depth, width, and length; corrected smeared / compacted surfaces*
- Rock and Pipe Inspection:** *distribution piping and rock quality*     **Pump Test / Squirt Test:** *with Designer*
- Final Inspection**     **Alternative Design:** \_\_\_\_\_
- Other:** \_\_\_\_\_

**OWTS 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