

FOR OFFICE USE ONLY

FACILITY ID #: _____ PE: : 4205

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

<input type="checkbox"/> New OWTS/Septic System	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> 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:		

ONSITE 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: Proprietary CTD 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/reports on an annual basis. *(Note: should be signed by the everyday responsible OWTS party: residential property owner or commercial onsite manager).*

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

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

[FOR OFFICE USE ONLY] 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 annual fee/report submittal and 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
Alternative OWTS/Septic Systems:

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 the entire system inspection findings (to include but not limited to the following components):
 - a. Septic tank(s)
 - b. Pump and dosing chamber/tank
 - c. Control panel
 - d. Leach field/Dispersal field
 - e. Monitoring and inspection port(s)
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