

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
 FEES PAID: \_\_\_\_\_ STAFF ASSIGNED: \_\_\_\_\_  
 RECEIPT #: \_\_\_\_\_ CHECK # or CC: \_\_\_\_\_  
 FACILITY ID: \_\_\_\_\_ SR #: \_\_\_\_\_

**DEPARTMENT OF COMMUNITY SERVICES**  
**DIVISION OF ENVIRONMENTAL HEALTH**  
 292 West Beamer Street, Woodland, Ca 95695  
 Telephone: 530-666-8646 • Fax 530-669-1448  
 Environmental.health@yolocounty.org



**SEPTIC SYSTEM PROPERTY LINE SETBACK REDUCTION REQUEST**  
*Deviation from Standard*

| PROPERTY OWNER INFORMATION   |                      |           |
|--|----------------------|-----------|
| Site Address:  | City/State:          | Zip Code: |
| Assessor's Parcel Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | Parcel Size (acres): |           |
| Property Owner(s):   | Phone Number:        |           |
| Mailing Address:   | City/State:          | Zip Code: |
| Email:   |                      |           |

| APPLICANT INFORMATION <input type="checkbox"/> Check if Applicant is the Property Owner |               |
|---|---------------|
| Contact Name/Title:   | Phone Number: |
| Email:  |               |

The setback to a property line can be reduced to no less than ten (10) feet from the fifty (50) foot setback standard. Please attach an accurate site map for the proposed location of all septic system components. The site map shall include all existing wells within 400 feet of the subject property. This request review will be based primarily on meeting the setback requirements to all wells.

**I certify that the above information and the attached site map are correct, and that I am authorized to file this request. I understand that an hourly rate will be charged for review of this request; the first hour will be paid at the time of request submittal, and any additional hour(s) needed to complete the review will be billed to the owner.**

\_\_\_\_\_  
 Applicant Signature/Title

\_\_\_\_\_  
 Date

|   |
|---|
| <p><b><u>Office Use Only:</u></b></p> <p><b>REHS Findings/Remarks:</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Property Line Setback Reduction Request is Approved.</p> <p><input type="checkbox"/> Property Line Setback Reduction Request is Denied.</p> <p><b>Reviewed by:</b> _____, REHS      <b>Date:</b> _____</p> |
|---|