INYO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES

P. 0. Box 427, Independence, CA 93526
(760) 878-0238 * Fax (760) 878-0239

207 W. South Street, Bishop, CA 93514
(760) 873-7866 Fax (760) 873-3236

APPLICATION FOR A SEWAGE DISPOSAL SYSTEM PERMIT

TYPE OF WORK (Check) New System ☐ Tank Replacement ☐ System Repair ☐ Tank Abandonment ☐	(FOR OFFICE USE ONLY) Date _____ Permit No. _____ $ _____ Fee Paid on _____ Receipt No. _____	
OWNERS NAME:	ADDRESS:	PHONE:
CONTRACTOR OR BUILDER:	ADDRESS:	PHONE:
CONTRACTOR'S LICENSE NUMBER:		

ALL SEWAGE SYSTEMS MUST COMPLY WITH THE UNIFORM PLUMBING CODE AND INYO COUNTY CODE AND WASTEWATER POLICY.

PHYSICAL SITE ADDRESS:	ASSESSORS PARCEL NUMBER:		SUBDIVISION:
SIZE OF PROPERTY:	SLOPE:	NO. OF BEDROOMS:	RESIDENTIAL ☐ COMMERCIAL ☐
SIZE OF SEPTIC TANK:	TYPE AND MFG. OF SEPTIC TANK:		GREASE TRAP: YES ☐ NO ☐
SQUARE FEET OF ABSORPTION AREA:	SOIL TYPE:		DEPTH TO SEASONAL HIGH GROUNDWATER:

DISTANCE OF SYSTEM FROM:

WELLS _____ (including neighboring wells)

FRONT PROPERTY LINE_____

SIDE PROPERTY LINES _____

REAR PROPERTY LINE _____

SURFACE WATER _____ (include seasonal stream)

PLOT PLAN ATTACHED: ☐

(FOR OFFICE USE ONLY)

PERCOLATION TEST RESULTS:	SOIL PROFILE HOLE DATE:	ABSORPTION AREA CROSS SECTION:
DATE: PERFORMED BY:	PERFORMED BY:	
COMMENTS:		

I hereby certify that the proposed sewage disposal system will be installed according to the above specifications and as provided by the regulations of Inyo County Department of Environmental Health Services and State Law. This permit is valid for one year from date of issuance. Note: Call for an inspection before covering the system.

_____
Signature (Owner or Contractor) *Date*

_____
Site Approval/Permit Application Approval *Date*

_____
Construction Inspection *Date*

_____
Final Inspection *Date*

NOTE: DO NOT COVER SYSTEM BEFORE FINAL INSPECTION