

LASSEN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

1445 PAUL BUNYAN ROAD, SUITE B, SUSANVILLE, CA 96130 ▪ Phone: (530) 251-8528

APPLICATION for SEWAGE DISPOSAL PERMIT

NOTE: THIS IS NOT A PERMIT TO INSTALL A SEPTIC SYSTEM. You must go to Lassen County Planning and Building Services at 707 Nevada Street, Susanville, CA 96130, to pay the required fee and obtain your permit.

ASSESSOR'S PARCEL NUMBER	PHYSICAL ADDRESS	PERMIT NUMBER		
SUBDIVISION	UNIT	BLOCK	LOT	LOT SIZE

To Be Completed By Owner Or Authorized Agent

Permit Expires One (1) Year from Date of Issue

OWNER'S NAME	OWNER'S MAILING ADDRESS	OWNER'S PHONE NUMBER
CONTRACTOR	CONTRACTOR'S LIC. NUMBER	

TYPE OF PREMISE	WATER SUPPLY
<input type="checkbox"/> Commercial <i>Specify</i> : _____ <input type="checkbox"/> Other <i>Specify</i> : _____	<input type="checkbox"/> Public <i>Specify</i> : _____
<input type="checkbox"/> Dwelling <input type="checkbox"/> Manufactured Home ▪ Living Units: _____ Bedrooms: _____ Baths: _____	<input type="checkbox"/> Private <i>Type</i> : _____

For Health Department Use Only

SEWAGE DISPOSAL SYSTEM REQUIREMENTS

PERCOLATION

SEPTIC TANK

Percolation Test Performed; No Yes By: _____
Results: _____ min./in. Date: _____

Tank Size in Gallons: _____
Material Constructed of: _____

SEWAGE DISPOSAL FIELD

Distance from Well: _____ Feet Length of Each Line: _____ Feet
Distance from Water Source: _____ Feet Total Length of Leach Lines: _____ Feet
Distance from Lot Line: _____ Feet Width of Trench: _____ Feet
Distance from Centerline of County Road: _____ Feet Depth of Trench: _____ Feet
 Chambers Rock and Pipe Other *Specify*: _____ Depth of Gravel Beneath Leach Pipe: _____ Inches
Required Distribution Box must be set in Concrete Yes N/A Depth of Gravel Over Leach Pipe: _____ Inches

NOTE: All leach lines must be installed using a transit level, engineer's level, laser level, or equivalent,
Leach gravel must be graded 1 ½ - 3 inches washed.

THIS APPLICATION MUST BE ACCOMPANIED BY AN ACCURATE TO SCALE PLOT PLAN

(8 ½ X 11 OR 8 ½ X 14 WITH APN WRITTEN ON THE PLOT MAP)

NOTE: In the event that unsuitable conditions (i.e., excessive or consolidated rock, hardpan, water, etc.) or questionable material is encountered during excavation; STOP WORK IMMEDIATELY and contact the Health Department.

I hereby certify that I have prepared this application and that the installation will be done and inspected in accordance with the Lassen County Ordinances and State Laws.

Signed: _____ Title: _____ Date: _____

DO NOT FILL IN BELOW THIS LINE

NOTE: APPROVAL OF THE HEALTH DEPARTMENT IS NOT A GUARANTEE THAT THE PROPOSED INSTALLATION WILL OPERATE SUCCESSFULLY,
BUT MERELY THAT THE SYSTEM MEETS THE MINIMUM REQUIREMENTS OF THE HEALTH DEPARTMENT.

APPROVED APPROVED WITH CONDITIONS

Issued By: _____, E.H.S. Date: _____

Final Inspection By: _____ Date: _____

Remarks/Conditions: _____