KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

SEPTIC SYSTEM APPLICATION

Type of Septic System: ☐ Construct New ☐ Repair ☐ Replace	BID Permit #

Description of work to be done_____

_____

- PROVIDE THREE (3) SETS OF SEPTIC PLANS (**Plans to be no larger than 11 X 17**)
- FEES; APPLICATION FEE OF $90
  INSPECTION & REVIEW FEE; $125 FOR FIRST HOUR/ $125 PER HOUR FOR ADDITIONAL TIME
- **FOR OWTS INSPECTIONS CALL (661) 862-8727**

MARK ONE OF THE BOXES BELOW FOR THE PARTY RESPONSIBLE FOR PAYMENT OF FEES

OWNER'S INFORMATION			**SITE INFORMATION**		
☐ **Name:**			**Site Address:**		
Address:			City:	State:	Zip:
City:	State:	Zip:	Source of Water ☐ **WELL** ☐ **PUBLIC**		
Phone:			APN:		
E-mail:			Lot Size:		
ENGINEER / CONTRACTOR or CONTACT PERSON					
☐ **Engineer:**			☐ **Contractor:**		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip
Contact :	Phone:		Contact:	Phone:	
E-mail:			E-mail:		
			Contractor License #:		
SEPTIC SYSTEM LOCATION MUST BE MARKED/STAKED OR RE-INSPECTION FEES WILL APPLY **Propose septic location has been staked/marked ☐ YES ☐ NO**					

FOR OFFICE USE ONLY
Site Inspection Approved By:_____ Printed Name Signature Date
Plans Approved By:_____ Printed Name Signature Date
Plans Rejected By:_____ Printed Name Signature Date
Billed:_____ **Site in Mountain/Groundwater Area ☐ YES ☐ NO** Date