



SEPTIC SYSTEM APPLICATION

Type of Septic System: <input type="checkbox"/> New Construct <input type="checkbox"/> Repair <input type="checkbox"/> Replace	BID Permit #
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Description of work to be done _____

- PROVIDE TWO (2) SETS OF SEPTIC PLANS (**Plans to be no larger than 11 X 17**)
- **FOR OWTS INSPECTIONS CALL (661) 862-8727**

OWNER'S INFORMATION	SITE INFORMATION
Name:	Site Address:
Address:	City: State: Zip:
City: State: Zip:	Source of Water <input type="checkbox"/> WELL <input type="checkbox"/> 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:		
Certification:			Contractor License #:		

BILLING INFORMATION

Name:	Phone:
Address:	City: State: Zip:
SEPTIC SYSTEM LOCATION MUST BE MARKED/STAKED OR RE-INSPECTION FEES WILL APPLY	
Propose septic location has been staked/marked <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date			