

ENVIRONMENTAL HEALTH DIVISION

2700 M Street, Suite 300, Bakersfield, CA 93301

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OWTS/SEPTIC SYSTEM APPLICATION

OWTS Permit #:		Lot Size:		BID Permit #:	
Type of Work:	<input type="checkbox"/> New Construction/ Replace Existing	<input type="checkbox"/> Expand/Repair*		<input type="checkbox"/> Remove/Replace Tank	
Type of System:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Engineered	<input type="checkbox"/> Alternative	

Description of work to be done: _____

If septic repair, please state cause: _____

- PROVIDE A SET OF SEPTIC PLANS (Plans to be no larger than 11 X 17).
- PLANS TO INCLUDE PERCOLATION TEST REPORT, SYSTEM CALCULATIONS, AND SITE MAP.
- PROPOSED SEPTIC SYSTEM LOCATION MUST BE STAKED/MARKED.
- TO SCHEDULE 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:	GPS:

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 #:

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	
Paid: _____ Date	Site in Mountain/Groundwater Area <input type="checkbox"/> YES <input type="checkbox"/> NO