

IMPORTANT: This is NOT a permit, a Building Permit Application form must be submitted to Sierra County Building Department in order to obtain a PERMIT to install a septic system. The **Sewage Disposal Application** and **Building Permit Application** must be submitted to the Building Department after approval by the Health Department.

Loyalton Office:
P.O. Box 7
Loyalton, CA 96118
(530) 993-6700

SIERRA COUNTY HEALTH DEPARTMENT

Environmental Health
(530) 993-6716
Fax # (530) 993-6790

SEWAGE DISPOSAL APPLICATION

To be completed by Owner Or Authorized Agent

Approval Expires *One Year* From Date of Issue

Assessor Parcel No. (APN) _____

Property Owner _____ Mailing Address _____

Phone _____ Installed by _____

Location of Property _____

Subdivision _____ Unit _____ Lot _____ Lot Size _____

Type Premise: Dwelling _____ Mobile Home _____ Commercial or other (specify) _____

Total Number: Bedrooms _____ Baths _____

Water Supply: Public (Name) _____ Individual: Well Spring Surface

• PROVIDE SCALED PLOT PLAN •

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

Signed _____ Title _____ Date _____

DO NOT FILL IN BELOW THIS LINE

SEWAGE DISPOSAL SYSTEM REQUIREMENTS

HEALTH DEPT. USE ONLY

Percolation Test Yes _____ No _____ Results _____ min/in Date _____ Performed by: _____

Septic Tank: Size _____ Gals. Material _____ Distance From Well _____ Feet

Sewage Disposal Field: Distance from Well _____ Feet Distance From Water Sources _____ Feet

Length Each Line _____ Feet Distance From Lot Line _____ Feet

Total Length of Leach Lines _____ Feet Distribution Box Yes _____ No _____

Width of Trench _____ Feet Depth of Gravel Beneath Leach Pipe _____ Inches

Depth of Trench _____ Feet Depth of Gravel Over Leach Pipe _____ Inches

Note: All Leach Lines must be installed level. Leach Gravel must be Graded 3/4 to 2- 1/2 Inches and washed.

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.

Health Department Septic Application Number # _____

Approval by: _____ R.E.H.S. Date _____

Final Inspection by: _____ R.E.H.S. Date _____

Remarks: _____

Issued by: _____ Building Permit No. _____ Date _____