



ENVIRONMENTAL HEALTH DIVISION

2120 Diamond Blvd, Suite 100
 Concord, CA 94520
 (925) 608-5500 / (925) 608-5500fax
 ehlu@cchealth.org

**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)
 CONSTRUCTION PERMIT APPLICATION**

Incomplete Applications will be rejected – please mark all check-off boxes as applicable.

TYPE OF WORK	TYPE OF STRUCTURE	PROJECTED SEWAGE FLOW	WATER SUPPLY
<input type="checkbox"/> New Conventional Construction Permit (12)	<input type="checkbox"/> Single-Family Dwelling	<input type="checkbox"/> No. of Bedrooms	<input type="checkbox"/> Off-site Public Water
<input type="checkbox"/> New Alternative Construction Permit (15)	<input type="checkbox"/> Multiple-Family Dwelling	<input type="checkbox"/> No. of Employees	<input type="checkbox"/> On-site Public Water
<input type="checkbox"/> OWTS Alteration Permit (<i>Limited</i>) (19)	<input type="checkbox"/> ADU	<input type="checkbox"/> No. of Seats _____	Name of Supplier: _____
<input type="checkbox"/> Alternative Replacement Construction Permit (20)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Conventional Replacement Construction Permit (14)			<input type="checkbox"/> Private Well
<input type="checkbox"/> Septic Abandonment (21)			Number of Wells _____
<input type="checkbox"/> Tank Replacement (<i>includes Abandonment</i>) (25)			
<input type="checkbox"/> Vault Privy (53)			
<input type="checkbox"/> Sewage Holding Tank (18)			

PLOT PLAN REQUIRED – Refer to the Health Officer Regulations for Sewage Disposal
 PLEASE PRINT CLEARLY. *REQUIRED FIELDS MUST BE COMPLETED *THE APPLICATION IS NOT THE PERMIT.

*Legal Owner's Name:		*Owner Email Address:	
*Legal Owner Address / City / State / Zip Code:			*Owner Phone #:
*Owner Billing Address (if different from above)			
Site Address / City / State / Zip Code (if different from above):			Assessor's Parcel #:
*Contractor:		*Contractor's License #:	
*Contractor Contact Person:		*Phone #:	
*Contractor's Address/ City/ State/ Zip Code:		*Email:	

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all permit conditions and applicable laws and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final approval, and obtain written authorization prior to deviating from the approved permit or plans, or placing the system in service. The issuance of this permit by Contra Costa Environmental Health Division does not guarantee satisfactory or indefinite operation of any septic system.

 Signature of Owner or Agent

 Date

 Signature of Designer or Contractor

 Date

FOR OFFICE USE ONLY					
FA#:	AR#:	ON#:	P/E: 42	REHS:	DATE REC'D:
AMOUNT DUE:	AMOUNT PAID:	CHECK #:	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CASH	XR:
INITIAL:	DATE APPROVED:	CONDITIONS:			