



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

LAND USE APPLICATION

			OFFICE USE ONLY	AR:
Receipt #	Check #	Credit Card Approval #	PE CODE:	FEE:
			LAT:	LONG:
Use of Permit:				ON:
Access Info:		Presite Notes:		

PROJECT INFORMATION

TR/PM	LOT #	PERMIT #	CITY PROJECT	APN
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PRIMARY CONTACT	Name	E-mail
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PROPERTY INFORMATION	Street Address	City	Zip Code
	Water Agency/Well	Lot Size	

PROPERTY OWNER	Name		
	Street Address	City	Zip Code
	Phone	E-mail	

AGENT/ CONTRACTOR	Company Name	Contact	
	Street Address	City	Zip Code
	Phone	E-mail	

Owner/Representative Declaration: I certify that I have read the entire application and state that the above information is correct. I understand the amount of fees paid is based on my declaration of information on this form, and that incorrect information is grounds for denial of the project.

Signature (Applicant/Representative): _____ **Date:** _____

OFFICE USE ONLY

SUBMITTAL CHECKLIST	
Required at applicant's expense:	Received:
<input type="checkbox"/> OWTS Report (1 original)	<input type="checkbox"/>
<input type="checkbox"/> Detailed Contour Plot Plan (3 original sets)	<input type="checkbox"/>
<input type="checkbox"/> Floor Plan and/or Plumbing Layout (1)	<input type="checkbox"/>
<input type="checkbox"/> Certification of Existing OWTS	<input type="checkbox"/>
<input type="checkbox"/> Well Final/Evaluation <input type="checkbox"/> Flow Test	<input type="checkbox"/>
<input type="checkbox"/> Established Water Connection <input type="checkbox"/> Established Sewer	<input type="checkbox"/>
<input type="checkbox"/> Building & Safety Stamped Acceptance Plan with Permit Number (1 set)	<input type="checkbox"/>
<input type="checkbox"/> Precise Grade Plan <input type="checkbox"/> "No Grade" Letter	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>

NOTES

PROJECT STATUS

This application is approved regarding the design of the OWTS as indicated on the accompanied plot plan using the requirements set forth above. No construction is permitted in the required, reserved 100% expansion area. System must meet requirements set forth in the Department's Local Agency Management Program (LAMP) and any applicable codes. Approvals are valid for one (1) year from date of signature.

REHS Signature:	Date:
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Plan Check Only

DEPARTMENT USE ONLY

STOP HERE. PLEASE SUBMIT THIS FORM TO YOUR LOCAL ENVIRONMENTAL HEALTH OFFICE FOR REVIEW.

LAND USE WORKSHEET

OWTS DESIGN

<input type="checkbox"/> New <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Modification <input type="checkbox"/> Connect to Existing OWTS <input type="checkbox"/> ATU <input type="checkbox"/> Pump <input type="checkbox"/> Connect to Sewer <input type="checkbox"/> Septic Verification		Fixture Units:	Bedrooms:
OWTS Report By:	Date:	Project:	
C-42 Certification:	Date:	License #:	
Septic Tank Capacity:	Soil Rate:	Tested Depth:	

LEACH LINES

<input type="checkbox"/> Rock below drain line: Sidewall Allowance:	in. ft ² /LF	<input type="checkbox"/> Plastic Chambers	<input type="checkbox"/> Other:
Sq. Ft. Bottom Area:	Total Linear Ft.:	# of Line(s):	Length:
Special Design: <input type="checkbox"/> Yes <input type="checkbox"/> No	Slope: <input type="checkbox"/> N/A <input type="checkbox"/> Overburden	Max Trench Depth:	

SEEPAGE PITS

Pit Diameter:	# of Pits:	Depth Below Inlet (BI):	Total Depth:	Max Depth:
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ATU

<input type="checkbox"/> Groundwater: bgs <input type="checkbox"/> Impermeable: bgs <input type="checkbox"/> Other:			
Manufacturer:	Model:	Rated Capacity:	
Tanks Required: <input type="checkbox"/> Pretreatment <input type="checkbox"/> Pump <input type="checkbox"/> Other:			
Dispersal Field: <input type="checkbox"/> Drip Dispersal	Size:	Emitters:	Depth:
		<input type="checkbox"/> Leach Lines <input type="checkbox"/> Seepage Pits (fill out above) (fill out above)	
In addition to the above, provide the following prior to Final:			
<input type="checkbox"/> Engineer Clearance Letter <input type="checkbox"/> Service Agreement <input type="checkbox"/> Recordation document <input type="checkbox"/> ROP Permit			

WELL EVALUATION/WELL FINAL

Flowtest: gpm	Water quality:	<input type="checkbox"/> Recordation for MCL exceedance
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EHS INITIAL: _____

PROJECT NOTES
