

### **County of Riverside**

## **DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

LAND USE APPLICATION OFFICE USE ONLY **Credit Card Approval #** Receipt # Check # PE CODE: FEE: LAT: LONG: Use of Permit: ON: Access Info: **Presite Notes: PROJECT INFORMATION** LOT# CITY PROJECT APN TR/PM PERMIT# Name E-mail PRIMARY CONTACT Street Address Zip Code City **PROPERTY INFORMATION** Water Agency/Well Lot Size Name **PROPERTY** Street Address City Zip Code **OWNER** Phone E-mail Company Name Contact AGENT/ Street Address City Zip Code CONTRACTOR 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: ☐ OWTS Report (1 original) ☐ Detailed Contour Plot Plan (3 original sets) ☐ Floor Plan and/or Plumbing Layout (1) ☐ Certification of Existing OWTS ☐ Well Final/Evaluation ☐ Flow Test ☐ Established Water Connection П ☐ Established Sewer ☐ Building & Safety Stamped Acceptance Plan with Permit Number (1 set) ☐ Precise Grade Plan ☐ "No Grade" Letter ☐ Other: **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:

☐ 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						
□ New □ Repair/Replacement □ Modification □ Connect to Existing □ ATU □ Pump □ Connect to Sewer □ Septic Verification					Fixture Units:	Bedrooms:
OWTS Report By:			Date:		Project:	
C-42 Certification:			Date:		License #:	
Septic Tank Capacity: Soil Rate:					Tested Depth:	
LEACH LINES						
☐ Rock below drain line: in. ☐ Plast Sidewall Allowance: ft²/LF			ic Chambers		Other:	
•			# of Li	Line(s): Length:		
Special Design: ☐ Yes ☐ No	Slope: □ N/A □	Overbu		Max Tren	ch Depth:	
SEEPAGE PITS						
Pit Diameter: # of Pits: Depth Below Inlet (BI):				Total Depth: Max Depth:		
ATU						
☐ Groundwater: bgs ☐ Impermeable: bgs ☐ Other:						
Manufacturer: Model:					Rated Capacity:	
Tanks Required: ☐ Pretreatment ☐ Pump ☐ Other:						
Dispersal Field: Drip Dispersal Size: Emitters: Depth:					Leach Lines (fill out above)	Seepage Pits (fill out above)
Size: Emitters: Depth:  In addition to the above, provide the following prior to Final:					(fill out above)	(fill out above)
☐ Engineer Clearance Letter ☐ Service Agreement ☐ Recordation document ☐ ROP Permit						
WELL EVALUATION/WELL FINAL						
Flowtest: gpm Water quality:				☐ Recordation for MCL exceedance		
EHS INITIAL:						
PROJECT NOTES						

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org