



# COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

Sean Powers, Director

## ENVIRONMENTAL HEALTH DEPARTMENT

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NEVADA CITY, CA 95959

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http://mynevadacounty.com

### Application for On-Site Soils Evaluation (OSSE)

Project Assessor's Parcel Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Owners Name (Print): \_\_\_\_\_ Phone No. \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_ Phone No. \_\_\_\_\_

Soil Consultant's Name (Print): \_\_\_\_\_ Phone No. \_\_\_\_\_

Purpose of Soil Testing (Check all that Apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New Test                    | <input type="checkbox"/> Residential                   | <input type="checkbox"/> Failure  |
| <input type="checkbox"/> Re-Test                     | <input type="checkbox"/> Second Dwelling               | Effluent Surfacing <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Repair / Trench Replacement | <input type="checkbox"/> Commercial/ Industrial        | <i>(Must provide documentation of proof, i.e. photo)</i>                    |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Subdivision / # of Lots _____ | Residence Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please Initial

\_\_\_\_\_ I certify that the subject property to be tested has no history or visible signs of mining or other hazards. I further understand that if mining or other hazards are observed onsite, the inspection will not be made, or called off until clearance is obtained from the Department's Hazardous Material Division.

\_\_\_\_\_ I am the property owner.

\_\_\_\_\_ I am the authorized agent to act on the property owner's behalf to obtain an On-Site Soils Evaluation and testing. I am submitting verification by submittal of a photo copy of the property owner's  
 driver's license -or-  notarized letter.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

#### OFFICE USE ONLY

Water Supply: Existing: **Y N** Approved: **Y N**  Well  Spring  Public Will Serve Received: **Y N**

**Soils Test Findings:** Testing conditions on \_\_\_\_/\_\_\_\_/\_\_\_\_

Meets Current Nevada County Sewage Disposal Ordinance and Regulations (Ord. 1975, effective 6/25/98)  
See consultant's report dated \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Type of system:  Standard  Special Design  Supplemental Treatment  Curtain Drain (Depth) \_\_\_\_\_  
Notes: \_\_\_\_\_

Does not meet Standards  
 Insufficient effected soil  Excessive slope  Insufficient Peculation  
 Insufficient setbacks  Insufficient Area

Any damages impacting the test area or failure to submit consultant's evaluation within 60-days may invalidate the findings of the soils testing and this evaluation.

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date

Job # \_\_\_\_\_



# COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617  
(530) 265-1222 FAX (530) 265-9854 <http://www.mynevadacounty.com>

Planning Department    Environmental Health    Building Department    Sanitation Department    Dept. of Public Works    Agricultural Commissioner

## AGREEMENT TO PAY FORM

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay Form* must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

**Site Information:**

**Invoices and/or notices to be mailed to:**

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	
	Telephone: _____

NCCDA Staff is authorized to consult with necessary governmental agencies concerning this project. They are also authorized to consult with the following individuals concerning my project:

\_\_\_\_\_

*I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.*

\_\_\_\_\_ Dated: \_\_\_\_\_ CDL# \_\_\_\_\_  
 Signature \_\_\_\_\_ Tel #: \_\_\_\_\_  
 \_\_\_\_\_  
 Printed Name \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY**

Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____