



COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY

Sean Powers, Director

ENVIRONMENTAL HEALTH DEPARTMENT

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http://mynevadacounty.com

Wastewater System Construction Permit Application

APN: - -

Job Site Address: _____

Wastewater (Septic) Permit # _____
(Use this Number for Inspection Request)

Associated Building Permit # _____
(For Reference Only)

OWNER INFORMATION

Name: _____ Phone No. _____ Email: _____
Mailing Address: (street, city, zip) _____

APPLICANT INFORMATION

Name: _____ Phone No. _____ Email: _____
Mailing Address: (street, city, zip) _____
Contractor / Installer: _____ License No. _____ Phone No. _____

PROPERTY INFORMATION

Acreage: _____ Subdivision: _____ Lot No. _____ Existing Building(s): _____

WATER SOURCE: [] Well [] Public: _____

SYSTEM TYPE: [] Standard [] Non-Standard [] Treatment (Supplemental) Type: _____

[] New [] Expansion/Modification [] Repair [] Septic Tank Only [] Abandonment [] Other: _____

WORKERS' COMPENSATION DECLARATION

Please read carefully and check one statement:

I hereby affirm under penalty of perjury one of the following declarations:

- [] I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
[] I have and will maintain workers' compensation insurance, as required by Section 3700 the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: CARRIER: _____ POLICY #: _____ EXP: _____
[] I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

THIS APPLICATION BECOMES A PERMIT WHEN SIGNED BY THE ENVIRONMENTAL HEALTH DEPARTMENT. A COPY OF THIS PERMIT AND AN APPROVED SITE PLAN MUST BE ON THE JOB SITE DURING SYSTEM CONSTRUCTION.

CALL ENVIRONMENTAL HEALTH DEPARTMENT FOR INSPECTION PRIOR TO ANY BACKFILL (530)265-1599

THIS PERMIT EXPIRES 2 YEARS AFTER ISSUE DATE. PERMIT MAY BE RENEWED ONE TIME FOR 2 ADDITIONAL YEARS IF RENEWAL APPLICATION IS MADE PRIOR TO DATE PERMIT EXPIRES.

BY MY SIGNATURE, I AFFIRM THAT I UNDERSTAND THE SYSTEM MUST CONFORM TO THE CURRENT NEVADA COUNTY LAND USE AND DEVELOPMENT CODE, CHAPTER VI (SEWAGE DISPOSAL ORDINANCE AND REGULATIONS), AND THAT I AM RESPONSIBLE FOR COMPLIANCE WITH THE CODE, THIS PERMIT AND PERMIT CONDITIONS. I HEREBY CERTIFY THAT THE PROPERTY OWNER HAS AUTHORIZED THIS APPLICATION FOR A CONSTRUCTION PERMIT.

Applicant's Signature: _____ Date: _____

***** OFFICE USE ONLY *****

REQUIRED ITEMS FOR PERMIT APPROVAL

- [] Accurate "As-Built" Drawing [] Monitoring and Maintenance
[] Consultant's written Certification of Installation » 'Right of Entry' Document must be recorded, and a confirmed copy provided to this Department for permit final approval
[] Septic Pumper's Inspection report/receipt » Annual Operating Permit Application and Fee

WATER SUPPLY

Needed for Building Permit Clearance & Final Occupancy

[] COMMUNITY SYSTEM / NID Will Serve Letter: Required Received

[] PRIVATE WELL Permit #: Well Yield: gpm Storage: Raw Water Certification

Remarks:

SEWAGE DISPOSAL

Size of Septic Tank: Leachline Specifications
Size of Pump Tank: Length: Width: Depth: Area: ft²

Special Design System Specifications/Remarks: _____

Issued By: _____ Issued Date: _____

Final Approval By: _____ Final Approval Date: _____