



COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

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## APPLICATION FOR ANNUAL ENVIRONMENTAL HEALTH OWTS CERTIFICATE OF OPERATION

Please complete this **Maintenance and Monitoring Application** and return to  
Nevada County Department of Environmental Health at the mailing or email address above.

Assessor's Parcel No. \_\_\_\_\_ Date of Application: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Site Address: \_\_\_\_\_

Dosed Distribution     Treatment /     Centralized/community

Type of System: \_\_\_\_\_

In applying for this permit, the applicant agrees to comply with state and local laws and ordinances applicable to the referenced septic system and agrees to allow inspection of the system, upon request and at a reasonable time, by representatives of the Nevada County Environmental Health Department to determine compliance with said laws. Once issued, this permit will be valid from November 1<sup>st</sup> to October 31<sup>st</sup> of the current permit year. This permit is subject to revocation for non-payment of any County fees related to this system.

Applicants Name – Please Print \_\_\_\_\_

Signature \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

**OFFICE USE ONLY**

FA# \_\_\_\_\_

PR# \_\_\_\_\_

Permit Year: 21/22      PE: \_\_\_\_\_      Fee: \_\_\_\_\_

Approved By: \_\_\_\_\_

Environmental Health Staff

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