



TRINITY COUNTY

Environmental Health Department

PO Box 476 61 Airport Rd.
Weaverville, CA 96093
Phone (530) 623-1459 FAX (530) 623-1353
Kristy Anderson, REHS, Director

Application for Onsite Wastewater Treatment System	<u>OFFICIAL USE ONLY</u>
Owner _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Last Name </div>	Date _____
APN _____ <div style="text-align: center; font-size: x-small;">Example: 012-345-067-000</div>	OWTS# _____
Parcel Address _____	\$650.00 CC / CA / CK# _____
City _____ Zip _____	Receipt _____
Email _____ Phone _____	Staff Initials _____
Directions _____	
Mailing Address _____ City _____ State ____ Zip _____	
_____ Number of Bedrooms	_____ Number of Bathrooms
_____ Detailed Site Map	_____ Contractor or Owner/Builder Form
_____ Perc Tests	_____ Engineering _____
<p>The system cannot be installed until an initial inspection has been performed and approved by TCEH Director, Kristy Anderson. Call at least 72 hours in advance (530) 623-1459 Ext 3 to schedule the final inspection – DO NOT cover the system until inspected. See attachments for setback guidelines, detailed site map directions, perc test directions & owner / builder / contractor forms. Insure equal distribution to each leach line. Install leach lines on the contour. If conditions under which this issued permit should change, including changes in surrounding parcels, making the placement or design or the system in violation of the local, state or federal regulations, this permit will become invalid. Any significant grading, cutting or filling of soil, prior to final approval may invalidate this permit. This permit is good for 1 year from the approval date. If your permit expires it is your responsibility to reinstate this permit in order to keep it valid. Reinstatement Fees: \$219 within 6 months or \$695 after 6 months of expiration.</p>	
Signature _____	Date _____
<u>OFFICIAL USE ONLY</u>	
Minimum Tank Size: 750 Gal _____ 1000 Gal _____ 1200 Gal _____ 1500 Gal _____	
Leach Trench - Total Length _____ Width _____ Depth _____ Minimum Distance between Lines _____	
Soil Perc Data _____ Leach Gravel Over _____ Leach Gravel Under _____	
Approved Chamber System (Make / Model) _____	
Effective Date _____ Expiration Date _____ Reinstatement Date _____	
Initial Inspection Approved By _____ Date _____	
Final Inspection Approved By _____ Date _____	
Final Notes _____	



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Onsite Wastewater Treatment System (OWTS) SETBACKS

Use these minimum setbacks to create a site map / plot plan for a septic system

- | | |
|-----------------|---|
| 10 feet | From New Structures (can be 5 ft from existing structures) |
| 10 feet | From Property Lines |
| 50 feet | From Septic Tank to Water well |
| 100 feet | From Leach Lines to Water Well |
| 100 feet | From Unstable Land Masses |
| 100 feet | FROM EPHEMERAL STREAMS (SPRINGS / WATERWAYS)
Ephemeral Stream: A stream that flows only briefly during and following a period of rainfall in the immediate locality. |
| 150 feet | FROM PERENNIAL STREAMS / HIGH WATER MARKS
Perennial Stream: A stream or river that has continuous flow in parts of its stream bed all year-round during years of normal rainfall. |
| 200 feet | FROM WETLANDS / LAKES / VERNAL POOLS / POND HIGH WATER MARKS
Seeps are small, critical habitats only detected through site visits. Seeps or seepage wetlands are springs, pools, or other wet places where groundwater naturally comes to the surface. Seepage marshes can occur in association with wetland borders, in headwaters, and along stream drainages.

Vernal Pools , also called vernal ponds or ephemeral pools , are seasonal pools of water that provide habitat for distinctive plants and animals. |

Plan ahead – call ahead to schedule an inspection as inspectors may be scheduled out at least one to two weeks.

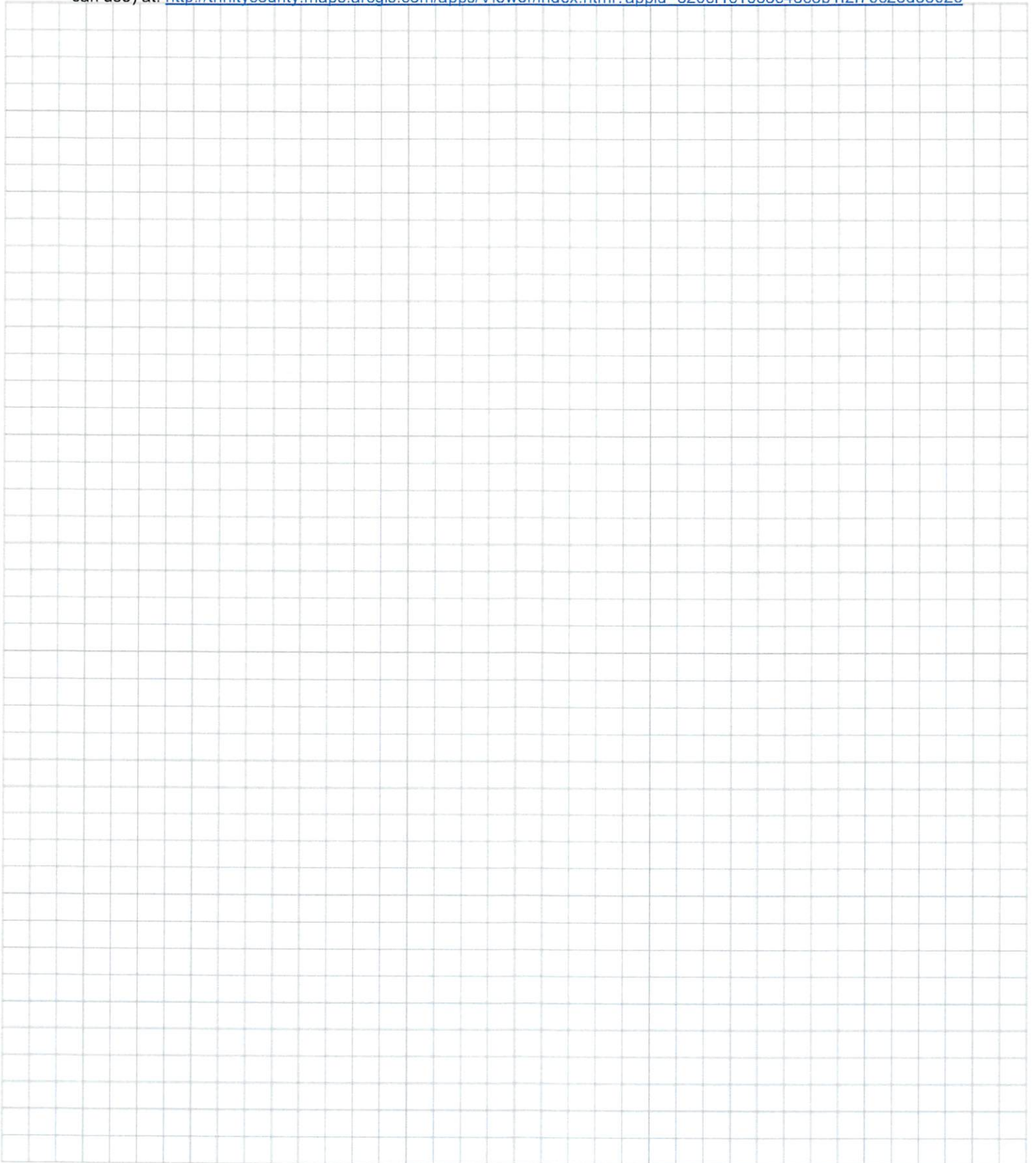
Do not assume you will be able to schedule an inspection on the day you complete system exposure, especially if you have a contractor or rented equipment on site.

Do not cover anything up until the inspection is complete & always take pictures as backup - no matter what!

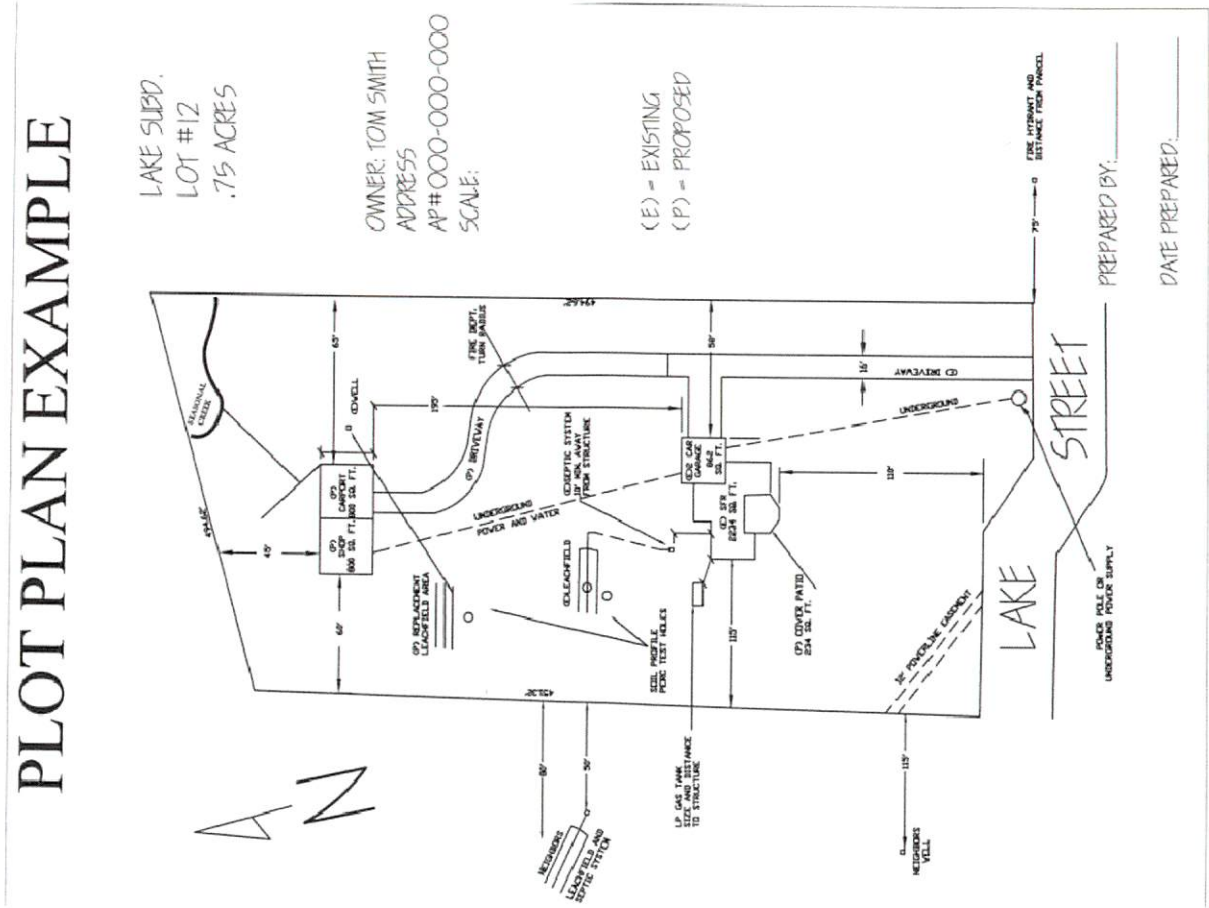
If the Site Map/Plot Plan does not accurately reflect the location of your system, you will need to create a new Site Map/Plot Plan showing setback distances – you can draw it out, print out a Google Earth map or any satellite map that shows the parcel, with setback distances reflected on map. Your application may be DENIED if site map is not accurate. You will be required to start the entire application process over again, including paying all associated fees.

DETAILED PLOT PLAN / SITE MAP

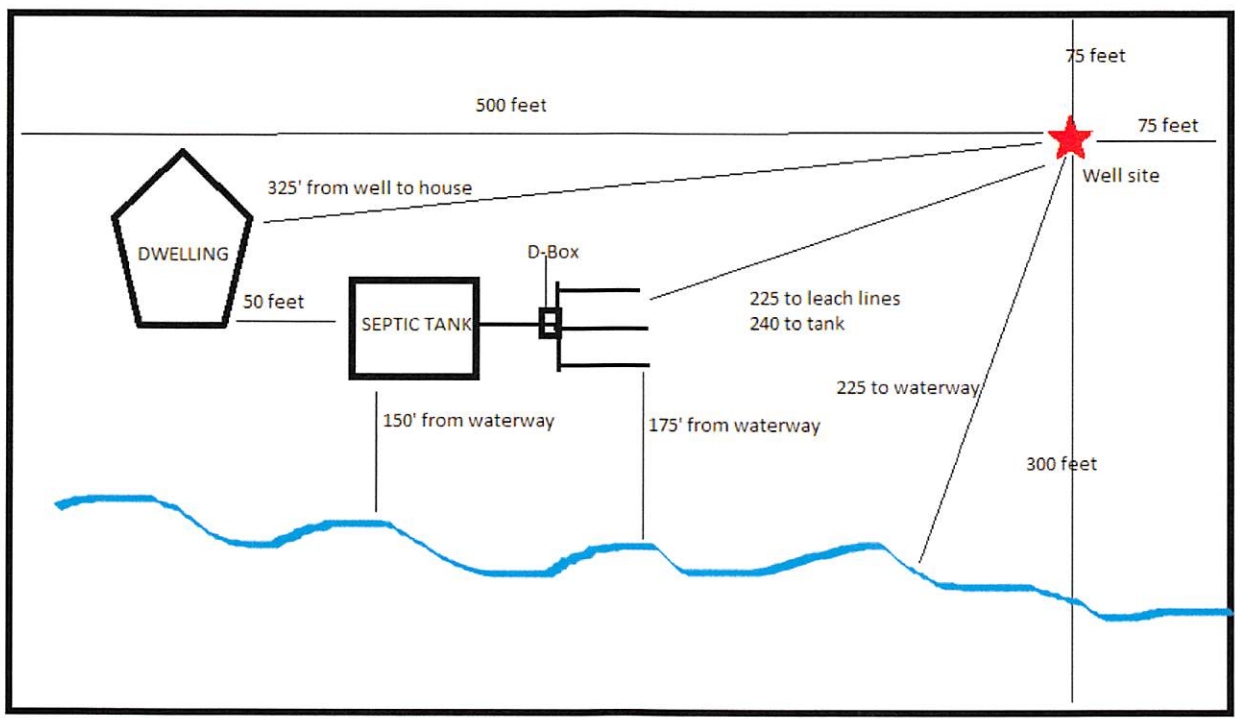
Plot Plan / Site Map must be DETAILED or you will be charged a Re-Inspection Fee of \$342.00, if incorrect. You may print out a map of your parcel and use that rather than this grid map. Any map used must show the setback distances in US feet from your proposed or existing well(s) and septic system to all structures (house, garage, sheds, greenhouses, pools etc.); List distances to property boundaries, roads, and any other significant land formations. Show distance between the well(s) and the septic tank, show distance between the well(s) and the leach field. Show the distance from well(s) and septic system to all waterways (even seasonal "ephemeral" waterways) traversing through or near the property (see list of Setback distances). If the well(s) or septic system is closer than 95 feet from the property line, your application may be denied if it is unknown where the neighboring well(s) or septic is located, as setbacks apply to neighboring parcels too. View the Trinity County Parcel Viewer to locate your parcel (there is a measuring tool in US feet you can use) at: <http://trinitycounty.maps.arcgis.com/apps/Viewer/index.html?appid=320cf1c1558c43c8b1f2f70c23d35026>



Sample Plot Plan / Site Map 1 of 4



Sample Plot Plan / Site Map 2 of 4



**TRINITY COUNTY BUILDING & DEVELOPMENT SERVICES
ENVIRONMENTAL HEALTH DIVISION**

P O Box 476, 61 Airport Road, Weaverville, CA 96093-0476

Phone: (530) 623-1459

Owner-Builder Information

Dear Property Owner:

For your protection, you should be aware that as the 'owner-builder' you are the responsible party of record on such a permit. If your work is being performed by someone other than yourself, you may protect yourself from possible liability if that person applies for the proper permit in his/her name.

Contractors are required by law to be licensed and bonded by the State of California. They are also required by law to put their license number on all permits for which they apply.

If you plan to do your own work, for your benefit and protection, with the exception of various trades that you plan to subcontract, you should be aware of the following information:

1. If you employ or otherwise engage any person(s) other than your immediate family, and the work (including materials and other costs) is \$200.00 or more for the entire project, and such persons are not licensed as contractors or subcontractors, then you may be an employer.
2. If you are an employer, you must register with the state and federal government as an employer and you are subject to several obligations including state and federal income tax withholding, federal social security taxes, workers' compensation insurance, disability insurance costs, and employment compensation contributions.

There may be financial risks for you if you do not carry out these obligations, and these risks are especially serious with respect to workers' compensation insurance.

For more specific information about your obligations under federal law, contact the Internal Revenue Services, and if you wish, the U.S. Small Business Administration. For more specific information about your obligations under state law, contact the Department of Benefit payments and the Division of Industrial Accidents.

For information concerning hiring practices and employer information, call the California Labor Commissioner at (916)225-2654. To verify the contractor's license number, call the California Contractor's License Board at (916)225-2640, or go to www.cslb.ca.gov. For Workers' Compensation insurance information, call the State Compensation Insurance Fund at (916)243-8400.

A frequent practice of unlicensed persons professing to be contractors is to secure an 'Owner-Builder' Sewage Disposal Permit, erroneously implying that the property owner is providing his/her own labor and materials.

Please complete and return the enclosed Owner-Builder Verification form so that we can confirm you are aware of these matters. The Sewage Disposal Permit will not be issued until the verification is received by Environmental Health.

Please Read and Keep for Your Records

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Phone: (530) 623-1459

Owner-Builder (Sewage Disposal) Verification

Please complete the appropriate sections and return this information with your application for a permit. The Sewage Disposal Permit will not be issued until it has been received.

1. I have received a copy of the "Owner-Builder Information Sheet". Yes ___ No ___
2. I personally plan to provide the major labor and materials for construction of the proposed property improvement. Yes ___ No ___
3. I have _____ or have not _____ signed an application for a Sewage Disposal Permit for the proposed work.
4. I have contracted with the following person/firm to provide the proposed construction:

Name: _____ Phone: _____

Address: _____ License No.: _____

5. I will provide some of the work, but I have contracted/hired the following person(s) to provide the work indicated:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Type of Work</u>

Workers Compensation Declaration

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, which this permit is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700 of 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 No.: _____

- 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 CIVIL FINES UP TO 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.

Date: _____

Signature: _____

APN: _____

Owner's Name (Print): _____