



FOR OFFICE USE ONLY	
Amt Due:	_____
Date Received:	_____
Check #:	_____
Receipt #:	_____
Invoice #:	_____

Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

SEPTIC AUTHORIZATION NOTICE

PROPERTY DETAILS:

Assessor's Parcel Number: _____ BLD#: _____
 Physical Address: _____
 Parcel Size: _____ Domestic Water Supply: _____

OWNER DETAILS:

Name: _____
 Mailing Address: _____
 Phone: _____ Email: _____

PROJECT DESCRIPTION: Check one below, and fill in bedroom details.

- | | |
|---|--|
| <input type="checkbox"/> Addition to Existing Structure or New Structure | <input type="checkbox"/> Addition of Second Unit or Guest House |
| o Number of bedrooms proposed: _____ | o Specify: _____ |
| o Number of bedrooms existing: _____ | o Number of bedrooms proposed: _____ |
| | o Number of bedrooms existing: _____ |

An application is complete only when this form is completed in full, is signed by the property owner or the owner's authorized representative, and is accompanied by the following:

- | | |
|--|--------------------------|
| 1. A scaled, complete site plan. | 3. Paid application fee. |
| 2. A septic tank pumper's report (within 3 years). | |

Applicant Name Printed: _____

Applicant Signature: _____ **Date:** _____

For Office Use Only	<u>EXISTING SYSTEM INFORMATION:</u>
Type of system: _____ System sized for _____ GPD.	
Please be advised there is no guarantee that additional wastewater flows will not adversely impact the existing system.	
<input type="checkbox"/> Septic pumper's report received <input type="checkbox"/> Septic authorization permit is approved <input type="checkbox"/> Septic authorization notice is denied because requirement # _____ cannot be achieved.	
Requirements for approval:	
1. System does not appear to be failing. 2. All setbacks can be maintained. 3. The proposed use would not create a public health hazard. 4. 100% sewage disposal area appears available.	
Comments/Conditions _____	

This application becomes a permit when signed by Environmental Health Services	
Environmental Health Representative Signature: _____ Date: _____	
This permit expires 2 years from date of issue, and it may be renewed a maximum of 2 times, provided renewal application is made prior to permit expiration date.	

For Office Use Only	SR _____	PE _____	AR _____	INV _____
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