



IMPORTANT INFORMATION:

This application upon its completion will contain information that is required and necessary for the issuance of an Onsite Wastewater Treatment System (OWTS) Operating Permit to assure the system will be in proper working order and properly sized for the occupancy and location. The information required is detail oriented and most likely will require assistance from a qualified "Specialized Professional". It is common to have a qualified professional verify the following OWTS information: septic tank size, construction methods and materials, and dispersal system components. Incomplete, inaccurate or false information may result in the denial of an application's acceptance.

Complete all of the following information

1. Property Owner Name (Last, First, MI)			
2. Site Address		Assessor's Parcel Number	
City	Zip Code	Tract Number	Lot Number
3. Mailing Address (if different from above)		Daytime Phone #	Evening Phone #
City	State		Zip Code
4. System is:	<input type="checkbox"/> New System	<input type="checkbox"/> Existing System	
	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
5. System Serves: (fill in and check all that apply)			
<input type="checkbox"/> No. of Bedrooms	<input type="checkbox"/> Toilets	<input type="checkbox"/> Utility Sinks	
<input type="checkbox"/> No. of Bathrooms	<input type="checkbox"/> Bidets	<input type="checkbox"/> Bar sinks	
<input type="checkbox"/> Laundry Facilities	<input type="checkbox"/> Lavatory Sinks	<input type="checkbox"/> Urinals	
<input type="checkbox"/> Kitchen Sinks	<input type="checkbox"/> Shower Stalls	<input type="checkbox"/> Water Softener	
<input type="checkbox"/> Garbage Disposals	<input type="checkbox"/> Standard Bathtubs	<input type="checkbox"/> Sewage Ejector Pumps	
<input type="checkbox"/> Dishwashers	<input type="checkbox"/> Whirlpool (large type) Bathtubs	<input type="checkbox"/> Other	
6. Lot Size: No. of Acres _____ or Total Lot square footage _____			
7. Soil Information: Include percolation test or soil morphology report with this application (if applicable)			
8. Name of Percolation Tester or Soil Evaluator (if applicable)		Tester Identification Information	
Address		Phone #	
City	State	Zip Code	



9. Conventional Gravity Type OWTS Details. Complete all information for review:

Sewage Tank (Septic Tank)

Septic Tank Capacity in Gallons _____	Treatment Capacity in Gallons per Day _____
Manufacturer (if applicable): Installer:	Constructed Material (if applicable):
Size and Dimensions: Length _____ Width _____ Height _____	Risers extended to surface for all compartments <input type="checkbox"/> Yes <input type="checkbox"/> No # of Compartments _____
Does System contain a NSF Class I Aeration Unit <input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes) Manufacturer:
Does System contain a Sewer Ejector Pump(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes) Manufacturer and Sizes
Does System contain a Pump Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes) Manufacturer and Size
Pump Tank Pump Details	Liquid Capacity - Gallons per Minute

Dispersal System (Seepage Pit, Leach Line)

<input type="checkbox"/> Seepage Pit(s) # of _____ Width _____ Depth _____	<input type="checkbox"/> Leach Line(s) # of _____ Length _____ Width _____ Depth _____
Does System contain a Distribution Box <input type="checkbox"/> Yes <input type="checkbox"/> No # of Branch lines coming off of Distribution Box _____	Riser extended to surface <input type="checkbox"/> Yes <input type="checkbox"/> No
Constructed Material:	Manufacturer: Installer:
Serial Distribution	Total Absorption Area _____
Dosed	Gravel less Pipe-dia. _____
Pressure Distribution	Flat Lot Layout
Distances from: House _____ Property Lines _____ Water Lines _____ Well _____ Stream, River or Bodies of Water	

10. Contractor

Identification Information

Name	Phone #
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Address _____

City _____ State _____

11. Signature of Owner

Date

Signature of Owner _____	Date _____
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APPLICANT CERTIFICATION

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Name
(print or type): _____ Phone: _____

PROPERTY OWNER AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) ss
CITY OF CALABASAS)

I, _____, the owner (if other than the applicant) of real property involved in this application, do hereby consent to the filing of this application. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed. We further acknowledge that I am aware of and familiar with the requirements of my Homeowner's Association. Attach additional sheets if necessary.

Owner Signature