



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

GEORGE GELLERT, MD, MPH, MPA
HEALTH OFFICER

TRACEY BELTON
AGENCY DIRECTOR

ENVIRONMENTAL HEALTH SERVICES
Healthy People in Healthy Communities

SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

DATE: _____ **FEES ARE NON-REFUNDABLE**

HAVE YOU APPLIED FOR A BUILDING PERMIT? YES NO

CHECK ONE: NEW SYSTEM \$855.00
 MAJOR REPAIR (BOTH TANK & DRAINFIELD) \$855.00
 MINOR REPAIR (TANK OR DRAINFIELD) \$445.00
 ENGINEERED INDIVIDUAL SYSTEM \$980.00
 COMMERCIAL SYSTEM \$1,100.00
 ALTERNATIVE / INNOVATIVE SYSTEM \$2,148.00
 SEPTIC SYSTEM ABANDONMENT \$151.00

PROPERTY OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

SITE ADDRESS _____

***ASSESSOR'S PARCEL NO. _____ **(MUST BE COMPLETED)**

WATER SOURCE _____ NUMBER OF WATER SERVICE CONNECTIONS _____

NO. OF BEDROOMS NO. OF POTENTIAL BEDROOMS GARBAGE DISPOSAL - YES / NO
(CIRCLE ONE)

LOCATION OF PROPOSED SEWAGE DISPOSAL SYSTEM (FEET) FROM:

DWELLING _____ PROPERTY LINE _____
WELLS _____ WATER COURSE _____
SLOPE OF PROPERTY _____

AN ACCURATE PLOT PLAN SHALL BE SUBMITTED WITH THIS APPLICATION. (THE SEWAGE DISPOSAL SYSTEM AS WELL AS THE 100% EXPANSION AREA SHALL BE NOTED).

THE APPLICANT SHALL NOTIFY THE ENVIRONMENTAL HEALTH DEPT. PRIOR TO INSTALLATION OF SYSTEM AND PROVIDE THE NAME AND THE CONTRACTOR'S LICENSE NUMBER OF THE INSTALLER.

****PLEASE PROVIDE THE FOLLOWING INFORMATION IF KNOWN WHEN APPLICATION IS SUBMITTED.**

NAME OF CONTRACTOR/INSTALLER _____

LICENSE NUMBER _____ PHONE # _____

COMPLETE MAILING ADDRESS _____

NOTE: IF FALSE INFORMATION IS SUBMITTED, PERMIT SHALL BE VOID.

PROPERTY OWNER'S SIGNATURE _____

PUBLIC HEALTH SERVICES
351 Tres Pinos Road, Suite A-202
Hollister CA 95023
831-637-5367

ENVIRONMENTAL HEALTH
351 Tres Pinos Road, Suite C-1
Hollister CA 95023
831-636-4035

MEDICAL THERAPY UNIT
761 South Street
Hollister CA 95023
831-637-1989

HEALTH EDUCATION PROGRAMS
351 Tres Pinos Road, Suite A-202
Hollister CA 95023
831-637-5367