



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR
CHERYL SCOTT MD, MPH, PUBLIC HEALTH OFFICER

Environmental Health
351 Tres Pinos Road, Ste. C-1
Hollister, California 95023
(831) 636-4035
Fax (831) 636-4037

SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

Date: _____ **Permit #** _____ **FEES ARE NON-REFUNDABLE**

HAVE YOU APPLIED FOR A BUILDING PERMIT? Yes _____ BLD# _____

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

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, THE PERMIT SHALL BE VOID

PROPERTY OWNER'S SIGNATURE _____

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

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

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

HEALTH EDUCATION PROGRAMS
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