Central Valley Health District
Environmental Health Department
On-Site Sewage Treatment System (OSTS) I

Installation Information

PROPERTY INFORMATION

Property Owner:		Telephone Number:	Township:
Address:		City:	Range:
County:	Parcel Number:		Section:
			Subdivision:
OSTS Installer:			Lot:

PURPOSE OF PERMIT

☐ New Full OSTS Installation ☐ New Holding Talk Installation ☐ OSTS Repair/Rebuild (*Previous Permit #* _____)

DESIGN DATA

Type of Building:

☐ Residential # Bedrooms: _____

☐ Commercial Building Type: _____

Building Information:

Unit for Sizing: _____ % Land Slope: _____

Gallons Per Day: _____ Lot Size *(1 acre min.)*: _____

Bathrooms: _____ Garbage Disposal: ☐ Y ☐ N

Other Water Features: _____

SETBACKS

Feature		Minimum Distance *(feet)* Tank	Minimum Distance *(feet)* Soil Treatment Area (STA)	Setback:	
Well < 100 feet deep		100	100		Depth(s): _____
Well > 100 feet deep		50	50		Depth(s): _____
Any other water supply well or buried water suction pipe		50	50		
Buried pipe distributing water under pressure		10	10		
Surface Water Bodies *(from ordinary high-water mark)*		100	100		
Buildings *(building serviced and surrounding outbuildings)*	Building to Tank	10	-		
	Building to STA	-	20		
Property Lines		10	10		

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☐ SEPTIC TANK	☐ HOLDING TANK
_____ # of Tanks	_____ # of Tanks
_____ Bury Depth *(feet from top of tank to ground level)*	_____ Bury Depth *(feet from top of tank to ground level)*
_____ Tank Gallons *(for multiple tanks list each size)*	_____ Tank Gallons *(for multiple tanks list each size)*
_____ # of Compartments	_____ Total Capacity Gallons
_____ Septic Tank Compartment Gallons *(pump chamber see below)*	
Product Manufacturer/Model:	Product Manufacturer/Model:
_____	_____

ACCESSORIES

☐ **PUMP CHAMBER** _____ # of Gallons

Product Manufacturer/Model: _____

Pump Product Manufacturer/Model:

_____HP: _____

☐ Alarm *(Location: _____)*
☐ Drop Boxes *(serial)*
☐ Distribution Boxes *(parallel)*
☐ Other: _____

☐ Filter
☐ Inspection Pipes
☐ Cleanout

SOIL

Determined by *(include paperwork if 3rd party)*: _____

Depth to limiting factor(s) in soil: _____ Soil Type: _____

Soil Sizing Factor (Trench) Used: _____ -OR- Loading Rate (Mound or At-Grade) Used: _____

SOIL TREATMENT AREA TYPE

☐ Gravel-less _____ Linear Feet
☐ Rock Trench _____ Linear Feet
☐ Other Material Manufacturer/Model: _____

☐ At-Grade _____ Square Feet
☐ Mound _____ Square Feet
Sizing *(prior approval required)*: _____

PLAN SPECIFICATION

For Trenches # of Trenches: _____ Cover Material Type: _____ Width between Trenches: _____

Trench Width: _____ Trench Length(s): _____ Trench Depth(s): _____

For Rock Trench

Rock Size: _____ Rock Depth: _____

For Gravel-less

Product Manufacturer/Model: _____

Include Sizing Worksheet for the following:

For Pressure Distribution
Product Manufacturer/Model:
_____

For At-Grade
Product Manufacturer/Model:
_____

For Mounds
Product Manufacturer/Model:
_____

For Rock/Sand
Product from: _____

Was product tested to ensure it met the Rock/Sand definition? ☐ YES ☐ NO