



SEWAGE PERMIT APPLICATION

1195 Third Street, Suite 210
Napa, CA 94559
www.countyofnapa.org

Date: _____ Plan Check # _____ Install Permit # _____

David Morrison
Director

A Tradition of Stewardship
A Commitment to Service

PROPERTY OWNER INFORMATION:

Name: _____

Mailing Address: _____

Site Address: _____

APN: _____

Phone #: _____

SEWAGE CONTRACTOR INFORMATION:

Company Name: _____

Contractor License Number: _____

Contact Person: _____

Address: _____

E-Mail: _____

Phone #: _____

TYPE OF SYSTEM (check one): ASTS Conventional

Proposed Use (check one): Residential Commercial

Type Of Permit (check one):

New Construction Addition Repair

Tank Install Tank Destruct Sewer Line, Check one: Gravity Pump

DESIGN FLOW : _____ Gallons/Day # of Bedrooms/Potential Bedrooms: _____ (If applicable)

Bedroom Count Verified by (check one): Building Plans Physical Inspection Other: _____

SITE EVALUATION TEST DATA: Please attach. (If applicable)

SEWER LINE (check one): Existing New

Size: _____ Inches Total Length: _____ Feet Material: _____

SEPTIC TANK (check one): Existing New Size: _____ Gallons

Material (check one): Concrete Fiberglass Polyethylene Other: _____

Manufacturer: _____

SUMP TANK (check one): ___ Yes ___ No
If yes (check one): ___ Existing ___ New Size: _____ Gallons
Material (check one): ___ Concrete ___ Fiberglass ___ Polyethylene ___ Other: _____
Manufacturer: _____

TYPE OF DISPOSAL FIELD (check one): ___ Gravel/Pipe ___ Chamber ___ Other: _____
Trench Depth: _____ Inches Trench Width: _____ Inches # of Leach lines: _____
Length of each Leach line: _____ Feet Total Length of Leach lines: _____ Feet
Fill (check one): ___ Yes ___ No If yes, depth of fill: _____ Inches

DISTRIBUTION BOX (check one): ___ Yes ___ No
If yes (check one): ___ Existing ___ New

****A SCALED MAP OF THE PROPOSED SEWAGE DISPOSAL SYSTEM SHALL *BE ATTACHED TO THIS APPLICATION*. THE MAP WILL INCLUDE THE DISTANCE FROM THE WELL, ***

APPLICATION THIS IS NOT A PERMIT

Worker's Compensation Coverage:

() A Certificate of current Worker's Compensation Insurance Coverage is on file with this office (or filed with this application)

() I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

By executing this application, the undersigned agrees to comply with all conditions, inspections and comments of the issued permit and all federal, state and county code requirements applicable to this permit. Furthermore, I understand that the Department of Environmental Management in no way guarantees trouble-free operation of the system, and that future repair may be necessary.

Please sign below:

Signature: _____ Date: _____

Please print your name: _____