

# GLENN COUNTY

## Planning & Community Development Services Agency Environmental Health Department



225 N Tehama St.  
Willows, CA 9598  
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[www.countyofglenn.net](http://www.countyofglenn.net)

Mardy Thomas, Director

### Onsite Wastewater Treatment System (OWTS) Permit Application

OWTS Permit #

Applicant Information:

Owners Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Professional Contractor Information:

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contractor Email: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contractor CA License # \_\_\_\_\_

Qualified Professional Information (If other than Glenn Co. REHS):

Qualified Professional: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Qualified Professional Email: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Qualified Professional Reg., Lic. Or Cert. # \_\_\_\_\_

Property Location:

Assessor's Parcel Number: \_\_\_\_\_  
Property Address/Location: \_\_\_\_\_

Property Info:

Parcel Size: \_\_\_\_\_ # of Living Units: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
Water Supply: Private Well  Public Water System  Other  \_\_\_\_\_

OWTS Serves:

Residential  Commercial/Industrial  Other:  \_\_\_\_\_

Type of Work:

New Construction/Addition  Repair/Replacement  Destruction  Test Hole   
Other  \_\_\_\_\_

# Plot Plan Requirements

**Submit a plot plan on a separate 8 1/2 inch by 11-14 inch piece of paper.**

Indicate all distances in feet. Provide the names of streets or roads nearest to the property. Provide dimensions of the property, water surface features and all existing and proposed structures. Provide locations of all existing OWTS on the property. Provide location of the primary and replacement OWTS areas. Provide locations of all water wells within 300 feet. Indicate any slopes, embankments, grading or fill areas. Indicate test hole locations and North direction. Location information shall include all adjacent parcels, if within setbacks. A labelled satellite image or aerial photo (ex. Google Earth) may be submitted in place of a plot plan drawing.

## OFFICIAL USE ONLY

OWTS Type:

Standard OWTS  Alternative OWTS  Supplemental Treatment OWTS  High Flow OWTS

Other  \_\_\_\_\_

OWTS Tank(s):

New  Existing  # of Tanks: \_\_\_\_\_ Type: \_\_\_\_\_

Size (gals): \_\_\_\_\_ Material: \_\_\_\_\_

Setbacks From: Well/Stream \_\_\_\_\_ Structures: \_\_\_\_\_ Other: \_\_\_\_\_

OWTS Dispersal System:

Soil Classification: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

Length of Lines: \_\_\_\_\_ Number of Lines: \_\_\_\_\_

Trench Width: \_\_\_\_\_ Trench Depth: \_\_\_\_\_

Depth of Gravel - Beneath Pipe: \_\_\_\_\_ Over Pipe: \_\_\_\_\_

Setbacks From: Well/Stream: \_\_\_\_\_ Structures: \_\_\_\_\_ Other: \_\_\_\_\_

**Permit Application Conditions of Approval/Notes (Official Use Only)**

**Agreement and Signature of Owner, Professional Contractor and Qualified Professional:**

I certify that I have read this permit application and the information described herein is correct. I agree to comply with all State and County laws, standards, ordinances, regulations and conditions related to this Onsite Wastewater Treatment System (OWTS) permit application, and hereby agree to obtain all required inspections of this OWTS. I agree to contact the Environmental Health Department at least two (2) business days prior to desired inspection time(s). I agree to submit all supporting documentation and reports to the Environmental Health Department when required.

I understand every permit expires one (1) year after issuance. I further understand that if the OWTS cannot be completed within one (1) year I may apply for an additional one (1) year extension, before the permit expires and with Environmental Health Department approval.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Professional Contractor (If Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualified Professional (If Required)

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

Date: \_\_\_\_\_ Permit Application Approval: \_\_\_\_\_  
REHS Signature

Date: \_\_\_\_\_ Final Approval: \_\_\_\_\_  
REHS Signature



Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Rec'd by: \_\_\_\_\_