

**GLENN COUNTY HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION**

257 North Villa Ave.
Willows, CA 95988

530-934-6102
FAX: 530-934-6103

Owner's Name _____ Assessor's Parcel No. _____

Mailing Address _____ Zip _____ Phone _____

Agent's Name _____ Phone _____ Permit No. _____

Contractor's Name _____ Phone _____ Lic. No. _____

Location of Property _____

System to Serve: Residential [] Commercial/Industrial [] New Construction [] Repair []

Parcel Size _____ No. of Living Units _____ No. of Bedrooms _____ Mobile Home _____

Water Supply By: Individual System [] Public System []

Plot Plan:

Be Sure To Indicate Northerly Direction

Scale _____

I agree to obtain an inspection of the installation prior to covering

Date _____ Signature _____

DO NOT FILL IN BELOW THIS LINE

Septic Tank: Size _____ Material _____ Setback From: Well/Stream _____ Bldg _____

Disposal Field: Length of Leachlines _____ Trench Width _____ Total Trench Depth _____

Number of Leachlines _____ Depth of Gravel Beneath Pipe _____ Over Pipe _____

Total Square Footage _____ Soil Classification _____

Setback From: Well/Stream _____ Intermittant Stream/Ditch _____ Bldg _____

Remarks: _____

Date _____ Permit Approval: _____

Glenn County Health Department

Date _____ Final Approval: _____

Glenn County Health Department