Percolation Test Approved

WLS-028

Purpose: The purpose of this form is to identify the potential type(s) of septic system(s) that may be constructed based upon the approved percolation test.

Consultant's Name	Site Address
Mailing Address	City/Town
City/Town State/Zip	Assessor's Parcel Number
Phone Fax	Property Owner
SEV Number	Subdivision Number and/or Lot Number

The percolation test data has been reviewed and approved and there is potential for the following type(s) of septic system(s):

_____ sized at _____

_____ sized at _____

_____ sized at _____

The following items are required for approval of the septic system:

- ❑ Design by a Registered Environmental Health Specialist or Registered Civil Engineer.
- ❑ Complete topographic map of site.
- ❑ 100% expansion. ❑ 200% expansion.
- ❑ Maintain setbacks from the following failed percolation hole(s):

_____

_____

- ❑ The following critical design elements need to be addressed for approval of the septic system design:

_____

_____

_____

_____

The septic system capacity is also dependent upon topography and setbacks. The approved septic system design will determine the number of bedrooms allowed in the dwelling(s).

Construction of the septic system cannot occur until plans have been approved and a permit has been issued by our office. **All septic systems must comply with standards in effect at the time of permit issuance.**

For further information, please contact the undersigned at (707)565- _____ between 7:30 and 9:00 a.m.

_____ _____

District Environmental Health Specialist Date

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1399

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Distribution: White-Owner; Canary-File; Pink-Consultant