



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**SUBMITTAL GUIDELINES FOR THE
LAND USE APPLICATION**

Overview

1. Complete OWTS information section of the application.
2. Submit the application along with the OWTS report (percolation report) and a properly scaled plot plan.
3. Submit a payment for the required amount, fees can be found at www.rivcoeh.org. Please make checks payable to Riverside County.
4. Ensure that the plot plan and report is wet stamped (original copy) and signed by the Professional of Record.
5. Provide a copy of the structure's proposed floor plan and a Building & Safety green stamped building site plan and/or letter of transmittal.

Plot Plan shall include:

1. Footprint of the proposed building(s) and existing buildings, including patio slabs, pools, sidewalks, etc., and the proposed building drain elevations.
2. Size and location of septic tank.
3. Location and layout of the proposed D-box and leach lines or seepage pits.
4. Locations of all test excavations/borings, and groundwater detection borings listed in the OWTS report.
5. Cross sectional diagram indicating the proposed elevations of all system components.
6. Location of the 100% expansion area for leach field or seepage pits set aside for non-development.
7. Location of wells within 200 feet of the OWTS components whether on the property or adjacent properties.
8. Location of any trees.
9. Location of any domestic water mains, water meters or water lines, existing or proposed on the property.
10. Location of driveways and parking areas.
11. Location of any springs, rock outcroppings, water courses and sub-drains.

Additional Notes

1. The report and plans should reflect the standards established in the most current version of Ordinance 650 and the Local Agency Management Plan (LAMP).
2. Effluent filters (NSF Standard 46) and access risers are required near or at grade from the septic tank. Near grade will be defined as 6 inches from surface.
3. Contour lines are necessary if gradient in the area of proposed drain field exceeds 5%.
4. If the water for domestic purposes is from an individual well, this department will also have to verify that the well meets chemical, bacteriological and volume/production standards as per the latest version of Riverside County Ordinance 682.
5. Regional Water Quality Control Board clearance may be required in certain circumstances to comply with adopted Basin Plans.
6. A current certification by a licensed C-42 contractor may be required for existing systems.

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org



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LAND USE APPLICATION

OFFICE USE ONLY

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980
 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

PE CODE:	FEE:
LAT:	LON:
ON:	

Use of Permit:

OWTS INFORMATION

TR/PM	LOT #	APN
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PRIMARY CONTACT	Name	E-mail
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PROPERTY INFORMATION	Street Address	City	Zip Code
	Water Agency/Well	Lot Size	

PROPERTY OWNER	Name		
	Street Address	City	Zip Code
	Phone	E-mail	

AGENT/ CONTRACTOR	Company Name	Contact	
	Mailing Street Address	City	Zip Code
	Phone	E-mail	

Owner/Representative Declaration: I certify that I have read the entire application and state that all the information is correct. I understand the amount of fees paid is based on my declaration of information on this form, and that incorrect information is grounds for denial of the project.

Signature (Applicant/Representative): _____ **Date:** _____

OFFICE USE ONLY

SUBMITAL CHECKLIST

Required at applicant's expense:	
<input type="checkbox"/>	Soils Percolation Report/Detailed Contour Plot Plan
<input type="checkbox"/>	Floor Plan and/or Plumbing Layout
<input type="checkbox"/>	Certification of Existing OWTS (C-42/A)
<input type="checkbox"/>	WQCB Clearance
<input type="checkbox"/>	Special Feasibility Boring Report
<input type="checkbox"/>	Well Final Evaluation
<input type="checkbox"/>	Water Will Serve Letter
<input type="checkbox"/>	Sewer Will Serve Letter
<input type="checkbox"/>	Other:

PAYMENT INFORMATION

Receipt #	
Check #	
Credit Card Approval #	

ADDITIONAL NOTES/REMARKS

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