



COUNTY OF RIVERSIDE • COMMUNITY HEALTH AGENCY  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

<b>LAND USE APPLICATION</b>		TR/PM	Lot No.	APN: ASSESSOR'S PARCEL NUMBER
		ON#		IN#
LMS#		EHS #		
<b>SECTION A</b>				
AGENT, CONTRACTOR		ADDRESS	CITY	TELEPHONE #
OWNER		ADDRESS	CITY	TELEPHONE #
JOB PROPERTY ADDRESS			CITY	Thomas Brothers © Map #
LOT SIZE	WATER AGENCY/WELL	USE OF PERMIT		
<b>SECTION B</b>				
* <b>FINANCIAL RESPONSIBILITY</b> *				
<p><b>NOTE:</b> Pertaining to Deposit-Based fee Payments – Fees placed on deposit are intended to pay for System review including <u>approval and installation</u>. The project owner or applicant named in Section B will be subject to billing requests for additional monies should fees deposited to that point be insufficient. At final approval, the project owner or applicant named will receive a final statement and notice of any final fees due or refunds due (as applicable).          ROP Fees: For Alternate Systems, renewable operating permit (ROP) fees will be due upon finalization of the project. ROP fees will be issued to the project owner or applicant named in Section B.</p>				
<b>SEND ALL BILLING MATTERS TO THE CLIENT OR ENTITY LISTED BELOW:</b>				
RESPONSIBLE CLIENT / ENTITY NAME				
MAILING ADDRESS		CITY/STATE	ZIP	TELEPHONE #
Applicant Signature:			Date:	
<b>Below – For Office Use Only</b>				
<b>SECTION C</b>				
<b>CHECK BOX IF REQUIRED</b>				
If any box is checked, this application shall be considered rejected until the information is provided and the fees paid. Re-submittals later than 90 days after date noted below may require repayment of fees.				
<input type="checkbox"/> Holding Tank Agreements Required <input type="checkbox"/> Certificate of Existing OWTS Required <input type="checkbox"/> WQCB Clearance Required <input type="checkbox"/> Soils Percolation Report Required		<input type="checkbox"/> Floor Plan and/or Plumbing Layout Required <input type="checkbox"/> Special Feasibility Boring Report Required <input type="checkbox"/> Detailed Contour Plot Plan Required (1 to 5 foot intervals)		
PRE SITE INSPECTION REMARKS			INITIALS & DATES	
<b>SECTION D</b>				
Soils Percolation/Boring report by			Project #	Date
Type of System: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Existing <input type="checkbox"/> Pump <input type="checkbox"/> Addition <input type="checkbox"/> ATU <input type="checkbox"/> Connect to Sewer		# Fixture units # Bdrms	Septic tank Cap.	Soil Rate
Sq. Ft. Bottom Area	Total Linear Ft.	Sidewall allowance ____ ft Rock/ ____ sq ft running foot.		
Tested Depth		Maximum Trench Depth		
Install _____ Line(s) _____ ft long _____ ft wide with min. _____ inches rock below drain line, or <input type="checkbox"/> Plastic Chambers				
Leach Lines/bed special design for slope Applicable <input type="checkbox"/> N/A <input type="checkbox"/> Overburden Factor:				
Pit Diameter	No. Pits	Pit below Inlet (BI)	Pit Total Depth	Max Allowable Depth
Well Review Approved by: (Signature)				
CONSTRUCTION / INSTALLATION			INITIALS & DATES	
<b>SECTION E</b>				
This Application is <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> regarding the design of the OWTS as indicated on the accompanied plot plan using the requirements set forth in Section D above. A building permit is necessary for the construction of the above designed system.				
<b>No construction is permitted in the required reserved 100% Expansion area.</b>				
(1) Septic tank must be 100' minimum from any wells. (2) Leach lines must be 100' minimum from any wells including expansion area. (3) Sewer lines must be 50' minimum from any wells. (4) Seepage pits must be 150' minimum from any wells including expansion areas.				
EHS Signature:			Date:	
<b>Environmental Resources Management Office Locations</b>				
Environmental Health – ERM Division <b>Riverside Permit Assistance Center</b> 4080 Lemon Street, 2 <sup>nd</sup> Floor Riverside, CA 92501 <b>RIVERSIDE (951) 955-8980</b>			Environmental Health – ERM Division <b>Indio Permit Assistance Center</b> 47-950 Arabia Street, Suite A Indio, CA 92201 <b>INDIO (760) 863-7570</b>	