



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

LAND AND WATER QUALITY DIVISION

P.O. BOX 129261 SAN DIEGO, CA 92112-9261
PHONE: (858) 565-5173 | www.sdcdehq.org



Health Care Trailer (HCT) Application

Permits can be obtained from Planning and Development Services (PDS) that allow mobile homes and RV trailers to be used in the health care of the chronically ill as provided by San Diego County Zoning Ordinance Number 6118. The health care trailer may house the patient or the health care provider(s). This arrangement is to be considered temporary. Removal of the health care trailer is required when the patient recovers, terminates, the property is sold, or when the permit expires (5 years). The attending physician of the patient must provide a letter to verify the need for the health care trailer. Health care trailers must have an approved sewage disposal system, and DEHQ approval is required when public sewer is not available, and an onsite wastewater treatment system (OWTS) must be utilized. Holding tanks are not accepted as a substitute for a public sewer connection or OWTS.

Property Owner to complete, initial, and sign application

Site location:		City:	Zip:	APN:
Owner's name:		Phone:	Email:	
Owner's mailing address:		City:	State:	Zip:
Contractor Name:		Contractor License #:	Contractor Email:	Contractor Phone:

Potable Water Supply SFD	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	Well	Potable Water Supply HCT	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	Well
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Initial Please acknowledge that you understand your responsibilities by initialing the following statements.

Initial	<p>I understand that connection of the health care trailer to my existing septic system is intended to accommodate a temporary occupancy for a maximum of five years exclusively for (a) providers of health services which are required by an occupant of the main dwelling, or (b) relatives of an occupant of the main dwelling who require physical care. This connection is not approved for any other use or occupancy of the trailer.</p> <p>I understand that when the health care need no longer exists, the connection from the trailer to the OWTS is no longer approved and I will remove the connection.</p> <p>I agree to notify DEHQ immediately if my septic system shows signs of stress or failure, such as slow draining plumbing fixtures, frequent septic tank pumping, surfacing sewage, a wet, soggy condition or excessive green vegetation over dispersal field during dry weather. I agree to pump my septic tank as needed to confine sewage underground until such time I repair my septic system under a permit from DEHQ. Failure to comply can result in rescinding approval.</p> <p>My system has no history of failures, is not undersized, and is not located in a high ground water or a total maximum daily load (TMDL) basin. If your system does not meet these requirements, more information will be needed. (*See Below)</p>
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I hereby certify that I have completed this application accurately to the best of my knowledge and understand and agree to the statements above. I understand and hereby consent to any information I provide on this application to be considered a public record subject to disclosure under the California Public Records Act.

Property Owner's Name (Print):	Property Owner's Signature:	Date:
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- OFFICE USE ONLY -

DEHQ Specialist Review									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Adequate "As Built" on file?	Location of "As Built" (Record ID or APN): If not on file please attach to this application.				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Variance?	Reason for variance:				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unresolved ACOM Records?	ACOM Record IDs:				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	TMDL/Areas of Concern?	List Area:				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	100% reserve area adequate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	OWTS for primary dwelling size adequate?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Setbacks met?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	History of repairs (2 in 15 years)?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	STS LAOP/QSP Contract Current?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	OWTS Stress/Defective issues?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other areas of concern:					

Health Care Trailer Approved
 Scan & upload to APN
 Record ID: _____
 Health Care Trailer Additional Information Needed (*See Below)

Environmental Health Specialist Name (Print):	Environmental Health Specialist Signature:	Date:
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*** More information is needed to evaluate your application. Please complete the actions indicated below and resubmit the updated application to DEHQ.**

<input type="checkbox"/>	Submit an "As Built" diagram of the existing OWTS/reserve area prepared and certified by Licensed Installer.	Submit Layout Application.
<input type="checkbox"/>	Expand, repair, or replace existing OWTS under permit from DEHQ, as noted in comments below. Obtain permit for pump system installation.	Submit statement from Qualified Service Provider certifying Supplemental Treatment System can accept HCT wastewater based on approved design.
<input type="checkbox"/>	Submit OWTS performance evaluation results or site conditions report from Qualified Professional, as noted in comments below.	Schedule consultation inspection with DEHQ staff.

Comments: