	OWISK	EPLAC	EIVIEIN I / R	CPAIR F	CRIVIII AP	PLICATION	JIN AINU P	UITUR	IZATION FORI	VI	
SITE ADDRES	SS:								APN:		
OWNER NAM	E:				PHONE:		EMAI	L:			
OWNER MAIL	ING ADDRE	SS:									
CONTRACTO	R NAME:				PHONE:		EMAI	L:			
A SITE PLAN	MUST BE S	UBMITT	ED WITH ALL A	PPLICATION	NS						
Procedure:											
1. The <i>OWTS</i>	Replacemer	nt/ Repair	r Permit Applicat	ion and Auti	horization form s	shall be signe	d by the licen	sed septic	contractor and proper	ty owner and	j
	•	•	•						consultaton prior to pe		e.
replaceme	nt or repair th	at confor		and County	ordinance to th	e maximum e			of failure, and recomi ases, the licensed se		or
3. Recommer	dations for s	ubstanda		a variance	request that lists	•	dard condition	s (e.g., syst	em design, setbacks,	sizing, etc.)	
	•					conformance	with the LAM	IP and Cour	nty ordinance. A field	inspection by	,
									authorize a recommer		
Duty Count	er. Field insp	ections o	of borings or exc	avations to	evaluate ground	water condition	ons may also	be required			
							d initial applic	able Terms	of Approval; and the	property	
owner and/	or licensed s	eptic con	tractor will be pr	ovided a cop	by of the invoice	•					
FAILURE DES	CRIPTION:										
PERMIT TYPE		(REPLAC (DESTRI	CEMENT ONLY JCTION	SYSTE	EM REPAIR (M REPLACEN on health cert.		SUBSTAND (Variance section m	ARD REPAIR ust be complet	
VARIANCE RE	QUEST:										
LAMP requirer		y ordinar	nce not met:		Reason not me	et:					
STRUCTURE(S	S) CONNECTE	D TO OW	/TS:								
BASIS FOR SIZ	ZING THE DIS	POSAL A	REA:								
OWTO DEGICE	I DETAIL O										
OWTS DESIGN	DETAILS:							Manufactu	rer's installation instru	ictions must	ho
Septic Tank	Volume:		Gal Mal	e/Model:					for all plastic and fibe		De
Leach Lines	Length:	ft	Trench Width:	ft	Trench Depth:	ft	Rock Depth:	ft	Total Active Length:		ft
Deep Bed	Length:	ft	Bed Width:	ft	Bed Depth:	ft	Cap Depth:	ft	Rock Depth:	ft	
Vertical Pit	Diameter:	in Over	-Drill Depth:	ft Ground	lwater Depth:	ft Cap D	Depth: ft	Rock Dept	h: ft Effective [Depth:	ft
Pump System	s and STS-C	WTS mu	ust be designed	by an Qua	lified Professio	nal					
ADDITIONAL (COMMENTS										
ADDITIONAL	JOHNNEHTO	•									

OWTS Replacement/Repair Permit Application and Authorization Form Page 2 of 2

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