

Environmental Health Specialist Signature

County of San Diego

Department of Environmental Health and Quality

ONSITE WASTEWATER TREATMENT SYSTEM INSTALLATION PERMIT APPLICATION Inspection Line: (858) 694-2553

RECORD ID #: DEH I STP

PERMI	T EXPIRES ONE YEAR FROM DATE ISSUED	DATE RECEIVED:		
GENER	RAL INFORMATION			
PROJ	ECT LOCATION:	CITY:		APN:
OWNER NAME:		PHONE:	EMAIL:	
OWNE	ER MAILING ADDRESS:		•	
CONT	RACTOR COMPANY NAME:			PHONE:
CONTRACTOR ADDRESS:			EMAIL:	
LICENSE NUMBER:		LICENSE TYPE:		EXP. DATE:
Attach	Approved OWTS Layout Report Record ID: DEH	LOWTS		Date Approved:
Is there	a lock or gate to access site? Yes No	If yes, provide lock/gate code(s):		
2. Con have and the applica	ting before the work is start ed. Intractors shall possess a Sanitation System (C-42), Gerve a valid registration with DEHQ. An Owner-Builder carround water or saturated soils are encountered during in the resultation is required prior to issuance of a fellowing acknowledgement and signature sections must be following acknowledgement and signature sections must be some first aller Signature (required for projects utilizing a work will be done in accordance with San Diego Courble State law, rules and regulations. I also certify that it and I am in compliance with all Worker's Compensations.	n only subcontract to Licensed Installed installation, immediately stop work and an installation permit. In the completed by the appropriate particles are completed by the appropriate particles. In the completed license is current and active or the complete standards in the com	ers with a contact D arties. Intractor, Local Age	valid registration with DEHQ. EHQ. I certify that the information provided is true ency Management Program, and any
Contra	ctor Signature Contr	ractor Print Name		Date
Qualif respon	ctor Signature Contried Professional Signature (required for projects ut a sible for the design of the OWTS utilizing supplement yed design in writing.			
Qualif respon approv	ied Professional Signature (required for projects ut nsible for the design of the OWTS utilizing supplement yed design in writing.	ilizing OWTS Supplemental Treatm		ems) As Qualified Professional, I certify, I am
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Print Name

Issue Date