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| Please email form to EHSPlanReview@gmail.com or fax to 909.387.4323 at least two (2) working days before testing. |
| THIS SECTION TO BE COMPLETED BY QUALIFIED PROFESSIONAL |
| **QUALIFIED PROFESSIONAL INFORMATION** |
| Firm Name      | Date      |
| Firm Address      | City      | State   | Zip      |
| Firm Contact Person      | Email(s)      | Phone Number      |
| **SITE INFORMATION** |
| Owner’s Name      | Assessor’s Parcel Number (APN)      |
| Site Address      | City      | State   | Zip      |
| Email(s)      | Phone Number      |
| **BILLING INFORMATION** |
| Environmental Health Services may need to be onsite to observe percolation testing. This will be billed at the current hourly professional rate. Provide billing information below or check one of the following: |
| [ ]  Same as Qualified Professional Information | [ ]  Same as Site Information |
| Billing Name      |
| Billing Address      | City      | State   | Zip      |
| Email(s)      | Phone Number      |
| PROJECT INFORMATION |
| **Disposal field** | [ ]  Leach Lines | [ ]  Seepage Pits | [ ]  Alternative Treatment System |
| **Exploratory Boring(s)** | Boring Date(s)      | Boring Time      | Number of Borings      | Depth of Boring(s) in ft.      |
| **Testing** | Test Date(s)      | Test Time      | Number of Tests      | Depth of Test Hole(s) in ft.      |
| **Project Type** | [ ]  Single Family Residence | [ ]  Multi Family Residential | [ ]  Commercial |
| Lot Size (ft2/acres)      | Number of Units      | Lot Size (ft2/acres)      |
|  | Lot Size (ft2/acres)      | Estimated Flow      |
| Please select one of the following |
| [ ]  Tentative Tract (TT) #       | [ ]  Tentative Parcel Map (TPM) #       |
| Number of Proposed Lots      | Original Lot Size (ft2/acres)      | Average New Lot Size (ft2/acres)      |
| A sewer connection will be required if a sewer is available within 200 ft. of the nearest property line (add 100 ft. for each additional lot).A “sewer will not serve” letter may be required prior to submittal of the percolation report. |
| **Site Conditions** | Historic groundwater level in feet      | Slope in disposal area (%)    |
| Source of Water |
| [ ]  Private Well | [ ]  Water Purveyor |
| [ ]  Check box if parcel is on Forest Service Land |
| [ ]  Check box if lot is within 100 feet of a river/stream |
| For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only |
| Fee: | FA Number: | Record ID: | PE Number: |
| Late Fee: | [ ]  Y | [ ]  N | Designated Employee: | Received By: | Date: |
| Check One: | [ ]  New | [ ]  Transfer | [ ]  Reactivate | Changes (please specify): |