

**PROPERTY INFORMATION FOR ADEQUATE SERVICE CERTIFICATION
(FORM A)**

APPLICANT COMPLETES THE FOLLOWING INFORMATION FOR SUBJECT PROPERTY:

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

Proposed Use/Project: _____

Tentative Tract/Parcel Number: _____

Assessor's Parcel Number(s): _____

Property Address: _____

Community: _____

Property Legal:
Tract #: _____ Lot #: _____ Block #: _____

Adequate Service Certification

Sewer Service (Form S1)

Applicant Name: _____ **APN(s):** _____

TO BE COMPLETED BY SEWERING AGENCY:

This certifies that the property referenced on Form A is within the service area boundaries of this sewerage agency and that (check applicable):

There are currently existing sewer trunk line(s) of adequate capacity to provide sewerage service and such service will not exceed the design capacity of the lines.

There are not currently existing sewer trunk line(s) of adequate capacity. However, it is financially and physically feasible to install sewer trunk lines that will permit adequate service to the referenced property.

Other: _____

This agency will commit to providing sewerage service to the referenced project subject to all applicable ordinances, resolutions, regulations, rules, policies, procedures, standards, and date schedules. The applicant has agreed to the conditions of service including payment for the on-site and off-site capital improvements outlines on the attached list. (If any, please attach list). All sewer service facilities can and will be installed prior to occupancy of the proposed use and will comply with all federal, state, and county laws and regulations.

This commitment is subject to county review and approval of all necessary permits/applications, and shall expire on the following date _____ which represents the end of the three (3) year project approval period. Applicant must re-file certification request if project extension of time request is filed.

By: _____ Date: _____

Title: _____

Name of Sewering Agency: _____

Address: _____

Phone No.: _____

TO BE COMPLETED BY THE PUBLIC OWNED TREATMENT WORKS (POTW) WASTE MANAGEMENT AUTHORITY

This certifies that the above referenced property's proposed connection to this Publicly Owned Treatment Works will not result in sewage/septage flows which will exceed the plant's design capacity.

This agency cannot certify that the referenced property's connection to this Public Owned Treatment Works will not result in sewage/septage flows which will exceed the plant's design category.

The waste management authority (does/does not) have adequate facilities to accept the sewage from the referenced property (circle one).

Other: _____

By: _____ Date: _____

Title: _____

Name of POTW/Landfill: _____

Address: _____

Phone No.: _____

Please attach a separate sheet describing the plant or landfill design capacity, sewage/sludge disposal capacity, and existing excess capacity and the current number of committed connections, the current number of sewage commitments with their cumulative anticipated total flow.

The Department of Public Health, Division of Environmental Health Services has reviewed the above-referenced submittal:

The referenced project is adequately serviced

The referenced project is NOT adequately serviced

Other: _____

Signature – EHS

DATE