385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: EHS.CustomerService@dph.sbcounty.gov

Website: ehs.sbcounty.gov Text/Call: 800.442.2283 Fax: 909.387.4323

PERCOLATION TEST NOTIFICATION

Submit the form via fax, email or in person at least two working days before testing.

THIS SECTION TO BE COMPLETED BY A QUALIFIED PROFESSIONAL											
	QUALIFIED PF	ROFESSI	ONAL'S II	NFORMATION	J						
Firm Name:	T	Date:									
Firm Address:	City:		State:	Zip:							
Firm Contact Pers	on: En	nail:			Phone Number:						
SITE INFORMATION											
Owner's Name:		Assessor's Parcel Number (APN):									
Site Address:	City:		State:	Zip:							
Email:			Phone Number:								
BILLING INFORMATION											
Environmental Health Services (EHS) 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 if the information is the: Same as Qualified Professional's Information Same as Site Information											
Billing Name:											
Billing Address:		City:		State:	Zip:						
Email:					Phone Number:						
	PRO	DJECT IN	FORMAT	ION							
Disposal field	Leach Lines Seepag		age Pits	Alternative Treatment System		rstem					
Exploratory Boring(s)	Boring Date(s):	Boring Ti	Boring Time: Number Borings:		Depth of Boring(s) in ft:						
Testing	Test Date(s):	Test Time	e:	Number of Tests:	Depth of Test Hole(s) in ft:						
Project Type	Single Family Residence	Multi-I	amily Resid	lential	Commercial						
	Lot Size (ft²/acres):	Number of Units:			Lot Size (ft²/acres):						
	,	Lot Size (ft²/acres):		Estimated Flow:							
	Select one of the following:										
	Tentative Tract (TT) #:	rcel Map (TPM) #:									
	Number of Proposed Lots:	al Lot Size res):		Average New Lot Size (ft²/acres):							
	on will be required if a sewer is a Sewer Will Not Serve" letter may					ft. for each					
Site Conditions	Historic groundwater level in fe										
	Source of Water:										
	Private Well	Purveyor									
	Check box if the parcel is on Forest Service land										
	Check box if the lot is within 100 feet of a river/stream										

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnities. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

By initialing and submitting this form, you acknowledge that you have read and understand the above statement. **Initials**:

For Office Use Only										
Fee:		FA Number:		Record ID:		PE Number:				
Late Fee:	Υ	N	Designated Employee:			Received By:		Date:		
Check One:	New		Transfer	Reactivate	Changes (please specify):				