

### ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT APPLICATION/ TRANSFER OF OWNERSHIP

All application must be submitted with the supplemental information listed in section E. All applicants will complete sections A, B, and D. Applicants with Alternative Treatment Units will also complete section C.									
SECTION A NEW PROPERTY OWNER INFORMATION									
Name:			Email:						
Primary Mailing Address (if different):									
Phone:		Alternate Phone:			Fax:				
nandatory): Wa			Water Agency Name (If on a well leave blank and check box):       Well						
SECTION B TANK INFORMATION									
If the dwelling is located in the Designated Maintenance Area, which includes all of the following tracts/communities, complete the information in section B: Angelus Oaks, Big Bear, Forest Falls, Lakeview, Metcalf Creek, Mountain Home Village, Pine Knot, Polique Canyon, and Willow Glen.									
New Tank:	Gallonage:		Material:						
Yes No									
Year of Installation:	Gallonage:		Material:						
SECTION C ALTERNATIVE TREATMENT UNITS (ATU)									
Manufacturer:	Model:					Gallonage:			
SECTION D DISPERSAL TYPE (select all that apply):									
Leachline	Mound	Mound System P		ressure Distribution					
Subsurface D	rip None		Other:						
SECTION E REQUIRED SUPPLEMENTAL DOCUMENTATION									
Provide the requested documentation as listed below. Initial each item being provided with the application.									
Required for all Septic Tanks:									
Required for all Sewage Holding Tanks (SHT):									
Copy of recorded Notice of Condition (unless one is already on file)									
Contract with pumper company, dated within the last 6 months									
Sewage Holding Tank Certification form completed within the last 30 days									
	Il complete sections C. NEV ddress (if different): ddress (if different): boated in the Designat mation in section B: A , Polique Canyon, and New Tank: Yes No Year of Installation: Year of Installation: <u>ALT</u> Manufacturer: Leachline Subsurface D <u>REC</u> ested documentation Septic Tanks: Sewage Disposal Certi Sewage Holding Tanl recorded Notice of Co	Il complete sections A, B, and D. Ap NEW PROPERTY Mew PROPERTY ddress (if different): Alternate P Water Ager Water Ager Data Agelus Oaks, Big , Polique Canyon, and Willow Glen. New Tank: Sew Tank: Yes No Year of Installation: Gallonage: Yes No Year of Installation: Gallonage: DISPERS Leachline Mound Subsurface Drip None REQUIRED SUPF ested documentation as listed below Septic Tanks: Sewage Disposal Certification form date Sewage Holding Tanks (SHT): recorded Notice of Condition (unless of with pumper company, dated within th	Il complete sections A, B, and D. Applicants of A. S.	Il complete sections A, B, and D. Applicants with Alt C. NEW PROPERTY OWNER INF ddress (if different): Alternate Phone: Water Agency Name (if on a w New Tank: Material Yes No Year of Installation: Gallonage: Material Year of Installation: Gallonage: Material Material Experience of Condition form dated within the last is Sewage Holding Tanks (SHT): recorded Notice of Condition (unless one is already on fist with pumper company, dated within the last 6 months	Il complete sections A, B, and D. Applicants with Alternative Tr NEW PROPERTY OWNER INFORMATIO Email: ddress (if different): Alternate Phone: Water Agency Name (if on a well leave bland TANK INFORMATION Docated in the Designated Maintenance Area, which includes all of th mation in section B: Angelus Oaks, Big Bear, Forest Falls, Lakevier , Polique Canyon, and Willow Glen. New Tank: Yes No Year of Installation: Gallonage: Material: Yes No Year of Installation: Gallonage: Material: Material: Material: Manufacturer: Model: DISPERSAL TYPE (select all that a Leachline Mound System Pressure Dist Subsurface Drip None Other: REQUIRED SUPPLEMENTAL DOCUME ested documentation as listed below. Initial each item being pr Sewage Disposal Certification form dated within the last 30 days Sewage Holding Tanks (SHT): recorded Notice of Condition (unless one is already on file) : with pumper company, dated within the last 6 months	Il complete sections A, B, and D. Applicants with Alternative Treatmen C.   NEW PROPERTY OWNER INFORMATION  Email:   ddress (if different):  Alternate Phone: Fax:  Water Agency Name (If on a well leave blank and check  TANK INFORMATION  TANK INFORMATION  TANK INFORMATION  Cotated in the Designated Maintenance Area, which includes all of the followin mation in section B: Angelus Oaks, Big Bear, Forest Falls, Lakeview, Metca , Polique Canyon, and Willow Glen.  New Tank: Gallonage: Material: Yes No Year of Installation: Gallonage: Material: Year of Installation: Gallonage: Material:  DISPERSAL TYPE (select all that apply): Leachline Mound System Pressure Distribution Subsurface Drip None Other:  REQUIRED SUPPLEMENTAL DOCUMENTATI ested documentation as listed below. Initial each item being provided Septic Tanks: Sewage Disposal Certification form dated within the last 30 days Sewage Holding Tanks (SHT): recorded Notice of Condition (unless one is already on file) : with pumper company, dated within the last 6 months	Il complete sections A, B, and D. Applicants with Alternative Treatment Units will also           NEW PROPERTY OWNER INFORMATION           Email:           ddress (if different):           Alternate Phone:         Fax:           Water Agency Name (if on a well leave blank and check box):         Well           TANK INFORMATION           Decated in the Designated Maintenance Area, which includes all of the following tracts/communities, mation in section B: Angelus Oaks, Big Bear, Forest Falls, Lakeview, Metcalf Creek, Mountain Home, Polique Canyon, and Willow Glen.           New Tank:         Gallonage:           Yes         No           Year of Installation:         Gallonage:           DISPERSAL TYPE (select all that apply):         Leachline           Leachline         Mound System         Pressure Distribution           Subsurface Drip         None         Other:           REQUIRED SUPPLEMENTAL DOCUMENTATION         Sewage Disposal Certification form dated within the last 30 days           Sewage Dolgosal Certification form dated within the last 30 days         Sewage Dolgosal Certification form dated within the last 30 days           Sewage Dolgosal Certification form dated within the last 30 days         Sewage Dolgosal Certification form dated within the last 30 days		

## ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT APPLICATION

#### **REQUIRED SUPPLEMENTAL DOCUMENTATION CONTINUED**

Provide the requested documentation as listed below. Initial each item being provided with the application.

#### Required for an ATU:

\_\_ Copy of recorded Notice of Condition (unless one is already on file)

\_\_\_\_ Onsite Wastewater Treatment System (OWTS) certification (all pages) dated within the last 30 days

\_\_\_ Copy of contract with qualified service provider

Copy of last maintenance report from service provider

#### **Required for Alternative Disposal:**

\_ Onsite Wastewater Treatment System (OWTS) certification (all pages) dated within the last 30 days

#### ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION. MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY

Application and fee must be submitted prior to operation of any OWTS by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.

I shall notify this agency in writing if I transfer ownership, discontinue operation, or change billing addresses. Failure to do so may result in obligation to pay Environmental Health Services (EHS) fees and additional penalties.

I hereby submit an application for an OWTS permit to establish service and operate in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States Government, the State of California, and San Bernardino County pertaining to the above mentioned OWTS. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the Alternative OWTS.

I understand that any construction, alteration, or repair, including but not limited to, equipment changes or alterations, and a change in OWTS method of operation requires EHS review and approval.

# By signing below I certify that all information provided is true and accurate. I acknowledge that I have read and understand my responsibilities as stated above.

Signature:			Date:					
Print Name:			Title:					
For Office Use Only								
Fee:	FA Number:	Record ID:		PE Number:				
Late Fee: Y N	Receiving OA:	i		Date:				
Approved By:			Date Approved:					
Comments:								