



Date Received Stamp

ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION & DESTRUCTION APPLICATION/PERMIT

Merced County Code, Chapter 9.54

Merced County Community and Economic Development Department, Division of Environmental Health (MCDEH)

2222 M St. Merced, CA 95340 (209) 381-1100 fax (209) 384-1593 www.countyofmerced.com

[See User Guide for more information](#)**Property Owner Information**

Owner/Legal Name of Owner Corporation

Mailing Address/PO Box

City, State, Zip Code

Telephone Number

Email Address

Applicant Information ☐ same as above, check here

Name

Mailing Address/PO Box

City, State, Zip Code

Telephone Number

Email Address

Licensed Septic System Professional Contractor InformationLicense: ☐ C-42 (sanitation system) ☐ C-36 (plumbing) ☐ "A" (general engineering) ☐ Owner-Builder (do Form A)*

Licensed Contractor Name

License #

Telephone #

Email Address

Contractor Address/ PO Box

City, State, Zip Code

Onsite Wastewater Treatment System (OWTS) Location Information

OWTS Location – Address/Street Name

City

(list nearest cross streets)

APN

Acreage

Subdivision Name

Lot #

Township, Range, Section

TRA #

Related Building Permit Number(s):

Number of Existing Wells on Parcel [include all wells on site plan]: Domestic Irrigation

Intended Use of Parcel (check all that apply): ☐ Residential ☐ Commercial ☐ Agriculture ☐ Business☐ OtherEstimate of wastewater flow (check and list all that apply): ☐ # of bedrooms:☐ # of building connections to well(s): ☐ maximum # of employees at one time:☐ maximum # of customer/clients at one time: ☐ Other:

Intended Permit Use (Check all that apply.)

- | | | |
|--|---|--|
| ☐ New OWTS | ☐ Replacement/Upgrade OWTS | ☐ Additional Septic Tank |
| ☐ Septic Tank Destruction | (modifications NOT due to system failure) | ☐ Major Repair of OWTS
(modifications due to system failure) |
| ☐ Other (Explain) _____ | | |

Type of System (Check all that apply.)

- | | | |
|--|--|--------------------------------------|
| ☐ Standard OWTS | ☐ Special Design OWTS : _____ | |
| ☐ Destruction | ☐ Duck Club Holding Tank | <i>Qualified Designer Name</i> _____ |
| ☐ Other (Explain) _____ | | |

Existing OWTS – Destruction/Repair

Reason for Destruction

- ☐ FAILED (explain): _____
- ☐ Other (explain): _____

Scope of Destruction

- ☐ Destroy entire system
- ☐ Keep existing leach field in use
- ☐ Keep septic tank in use

Destruction Method (explain): _____

Tank Size: _____ (gal.) Tank Material: _____

Tank Latitude/Longitude: _____

Leach Field Information:

- Total Leach Line Length: _____ (ft.)
- Number of Leach Lines: _____
- Total Leach Trench Depth: _____ (ft.)

Depth of Rock Below the Pipe: _____ (ft.)

Proposed OWTS Construction

- ☐ Expansion of existing system (explain why): _____

Tank Size: _____ Tank Material: _____

Tank Latitude/Longitude: _____

Proposed Leach Field Information:

- Total Leach Line Length: _____ (ft.)
- Number of Leach Lines: _____
- Leach Trench Width: _____ (ft.)
- Total Leach Trench Depth: _____ (ft.)
- Depth of Rock Below the Pipe: _____ (ft.)
- Drain Rock Cover Material: _____

Effluent Filter Make/Model: _____

Licensed Contractor's Declaration

I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, my license is in full force and effect, and the plot plan submitted displays the required information, is accurate and representative of the site conditions.

*Contractor's Printed Name*_____
*Contractor's Signature*_____
*Date***Property Owner Signature** (signature required)

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this county to enter upon the above mentioned property for inspection purposes.

X _____

Property Owner Printed Name

X _____

Property Owner Signature

X _____

Date

Workers' Compensation Declaration (check and sign)

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. _____

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Insurance Carrier

Policy Number

Expiration Date

Name of Agent

Phone Number

☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature of Applicant _____ Date _____

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work): _____

Project Location or Address: _____

Name of Authorized Agent: _____

Address of Authorized Agent: _____

Phone Number of Authorized Agent: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Signature _____ Date: _____

*Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.

Packet Checklist

The following list of additional documents and content are typically required, but not limited to, for an OWTS application packet:

☐ Contractor/Owner Build Site Map:

- ☐ Job site location, Site map preparer information
- ☐ North arrow, property line with measurements, name of street fronting property
- ☐ Measurements from proposed work to any topics below within 200 feet:
 - ☐ On job location, all existing and proposed: wells, OWTS, structures, paved areas (driveways, patios), pools, trees, septic connections to OWTS, replacement area for future disposal area.
 - ☐ On all adjacent parcels**: all existing and proposed well and OWTS
- ☐ Any prominent features** on and adjacent to location such as rights-of-way, easements, elevation changes, canals, creeks, lagoons, ponds, corrals, vernal pools, etc.

☐ Effluent Filter manufacturer specification sheets for the particular make and model intended to use for project

☐ *If applicable:* Manufacturer specification sheets for any non-traditional components proposed to be installed for the project that are make and model specific.

☐ *If applicable:* Approved special design engineer proposal packet, approved building permit site map, finalized subdivision site map.

☐ ***If applicable: Form A, Owner-Builder Packet.***

**Owner-Builder applications shall include completed Form A, Owner-Builder packet with proof of identity.*

***Does not apply to applications that propose work only on the septic tank and is in the same footprint as the existing septic tank on the parcel.*

Notes/Additional Permit Conditions:

BELOW THIS LINE FOR OFFICIAL USE ONLY

MCCEDD Staff Approval _____ Staff Approval Date _____ Expiration Date _____
Fees Received _____ Date Received _____ Invoice # _____ AR # _____

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY ALL AUTHORIZED OFFICERS OR REPRESENTATIVES OF THE DELEGATED AUTHORITY AND IS VALID FOR 6 MONTHS FROM APPROVAL DATE; THIS PERMIT SHALL BE AVAILABLE AT THE SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.