



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

This 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:	
Site Address:			
Primary Mailing Address (if different):			
Phone:	Alternate Phone:	Fax:	
APN (mandatory):	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.

<b>SEPTIC TANK:</b>	New Tank:	Gallorage:	Material:
	Yes      No		
<b>Sewage Holding Tank (SHT):</b>	Year of Installation:	Gallorage:	Material:

**SECTION C ALTERNATIVE TREATMENT UNITS (ATU)**

<b>ATU:</b>	Manufacturer:	Model:	Gallorage:
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**SECTION D DISPERSAL TYPE** (select all that apply):

Hybrid	Leachline	Mound System	Pressure Distribution
Seepage Pits	Subsurface Drip	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:**

\_\_\_\_\_ Private Sewage Disposal Certification form dated within the last 30 days

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**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

# 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:		Date:

Approved By:	Date Approved:
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Comments:
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