

BILL EMLÉN
Director
(707) 784-6765

TERRY SCHMIDTBAUER
Assistant Director
(707) 784-6765

JAGJINDER SAHOTA
Environmental Health Manager
(707) 784-6765

DEPARTMENT OF RESOURCE MANAGEMENT



SOLANO COUNTY

675 Texas Street, Suite 5500
Fairfield, CA 94533-6342
(707) 784-6765
Fax (707) 784-4805

www.solanocounty.com

Environmental Health Division

SITE EVALUATION APPLICATION

SITE ADDRESS		APN	PERMIT NO.
PROPERTY OWNER (PO)		PO PHONE NUMBER	
PO MAILING ADDRESS		PO EMAIL ADDRESS	
APPLICANT NAME (IF DIFFERENT THAN PROPERTY OWNER)		PHONE NUMBER	EMAIL ADDRESS
REGISTERED CONSULTANT (RC)		LICENSE TYPE	RC PHONE NUMBER
RC MAILING ADDRESS		RC EMAIL ADDRESS	

- NEW
 EXPANSION
 ALTERATION
 REPAIR
 SUB DIVISION

Type of Work:

- SOIL PROFILE
 PERCOLATION TEST
 HYDROMETER TEST
 OTHER

SOIL PROFILE:

Solano County Code Chapter 6.4, Sec. 6.4-81.2: To a depth of at least eight (8') feet, or five (5') feet below the proposed disposal field trench, whichever is greater, or until a limiting condition is reached, and be at least two (2') feet wide.

PERCOLATION TEST:

of Holes in the Primary Area: 3 Other: _____
 # of Holes in the Reserved Area: 3 Other: _____
 Depth of holes in Primary area (inches): _____
 Depth of holes in Reserved Area (inches): _____
 Start Pre-Soaking time _____
 Ending Pre-Soaking Time: _____

WORKERS' COMPENSATION CERTIFICATION *(One of the following must be completed)*

1. A current certificate of Workers' Compensation Insurance coverage is on file with Solano County. Workers' Compensation Insurance Policy No. _____ is currently effective.
 2. I certify that in the performance of the work I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws in California.

DECLARATION

I hereby certify that the above information is true and correct and that the proposed work shall comply with all applicable laws, ordinances, standards, and regulations.

Signature of Owner/Agent Date

Signature of Consultant Date

Do Not Write Below This Box

Approved: _____ By: _____ Date _____

Fee Paid \$ _____ Date _____ Receipt No. _____