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DEPARTMENT OF RESOURCE MANAGEMENT



**SOLANO
 COUNTY**

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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. _____