

# Request for Well and Septic Service

WLS-006



**PURPOSE:** This form is used to request a paid service from the Well & Septic Division of the Permit and Resource Management Department (PRMD) related to an existing or proposed septic system. **A permit application may be required following the requested service.**

Date of Request \_\_\_\_\_

SEV Number \_\_\_\_\_

Site Address \_\_\_\_\_

Cross Street \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

Applicant Name \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ State/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Day Phone \_\_\_\_\_

Service Requested: \_\_\_\_\_  
\_\_\_\_\_

Ⓧ DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff Ⓧ

Code Enforcement Violation Yes  No

Violation # \_\_\_\_\_

Status \_\_\_\_\_

**Staff Comments/Notations**

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Staff Signature \_\_\_\_\_

Date Completed \_\_\_\_\_

**Sonoma County Permit and Resource Management Department**

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1399