Percolation Test Approved
WLS-028

Purpose: The purpose of this form is to identify the potential type(s) of septic system(s) that may be constructed based upon the approved percolation test.

Consultant’s Name ___________________________ Site Address ___________________________

Mailing Address ___________________________ City/Town ___________________________

City/Town ___________________________ State/Zip ___________________________ Assessor’s Parcel Number ___________________________

Phone ___________________________ Fax ___________________________ Property Owner ___________________________

SEV Number ___________________________ Subdivision Number and/or Lot Number ___________________________

The percolation test data has been reviewed and approved and there is potential for the following type(s) of septic system(s):

sized at ___________________________

sized at ___________________________

sized at ___________________________

The following items are required for approval of the septic system:

☐ Design by a Registered Environmental Health Specialist or Registered Civil Engineer.

☐ Complete topographic map of site.

☐ 100% expansion. ☐ 200% expansion.

☐ Maintain setbacks from the following failed percolation hole(s):

________________________________________________________________________

The following critical design elements need to be addressed for approval of the septic system design:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The septic system capacity is also dependent upon topography and setbacks. The approved septic system design will determine the number of bedrooms allowed in the dwelling(s).

Construction of the septic system cannot occur until plans have been approved and a permit has been issued by our office. All septic systems must comply with standards in effect at the time of permit issuance.

For further information, please contact the undersigned at (707)565- ____________ between 7:30 and 9:00 a.m.

District Environmental Health Specialist ___________________________ Date ___________________________

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue  ✦  Santa Rosa, CA  ✦  95403-2829  ✦  (707) 565-1900  ✦  Fax (707) 565-1399

Sue Waxman  S:\Handouts\WLS\WLS-028 Percolation Test Approved.wpd  11/17/06

Distribution: White-Owner; Canary-File; Pink-Consultant