SISKIYOU COUNTY PUBLIC & ENVIRONMENTAL HEALTH DIVISION

806 South Main Street, Yreka, CA 96097
(530) 842-8200 fax: (530) 841-4076

PERMIT TO CONSTRUCT OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Permit for: ☐ New Conventional System ☐ Non-Conventional System ☐ Repair/Replacement
☐ Tank Replacement ☐ Drainfield Replacement

Owner's Name_____Phone_____
MailingAddress_____City_____State_____Zip_____
Assessor's Parcel #_____Township_____Range_____Section_____
Site Location_____Parcel Size_____

_____ _____
(Signature of Owner or Authorized Agent) (Date)

Setback Requirements

Minimum of 100 feet from all wells to leach field
Minimum of 50 feet from center of County Road to system
Minimum of 50 ft. from septic tank to well
Minimum of 50ft from well to building sewer piping

System Designed for #____Bedrooms Flows_____gpd
Perc test ___Yes___No___ Results_____min/in
Septic Tank: Size_____Gallons_____Material_____
_____

SEWAGE DISPOSAL SYSTEM REQUIREMENTS

☐ Gravel Leachfield

Length of Each Line_____Depth of Trench_____
Number of Lines_____
Depth of Gravel Beneath Leach Pipe_____
Width of Trench_____
Distribution box must be placed on a concrete pad
Leachline must be installed level. The end of the Leachline must be capped.
Gravel must be 1-3 inches washed and graded

☐ Chamber

Length of line_____ Units per line_____
Width of Chamber_____ Depth Trench_____
Number of Lines_____ Distribution Box Yes No
Distribution box must be placed on a concrete pad
Chamber inlets must have splash plate(s) installed

PLOT MAP (Show North Direction Arrow) AS BUILT: (Show North Direction Arrow)

Issued By:_____ Permit#_____ Date_____

Final Inspection By:_____Installed By_____Date_____

This permit expires one year from the date of issuance. Connection approval to a permitted structure is guaranteed for one year from the date of issuance.