SISKIYOU COUNTY PUBLIC HEALTH & COMMUNITY DEVELOPMENT

806 South Main Street, Yreka, CA 96097 (530) 841-2100 fax: (530) 841-4076

PERMIT TO CONSTRUCT OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Owner's Name	Phone CityStateZip				
Mailing Address	City		State	Zip	
Assessor's Parcel #	Township	Rang	e	Section	
Site Location					
(Signature of Owner or Authorized Agent)			(Dat	e)	
(-,	
Setback Requirements	System Designo	ed for #	_Bedrooms	Flowsgpd	
Minimum of 100 feet from all wells to leach field	Perc testYe	esNo	Results	min/in Material	
Minimum of 50 feet from center of County Road	-			IVIateriai	
o system					
Minimum of 50 ft. from septic tank to well Minimum of 50ft from well to building sewer piping					
willimin of 30tt from wen to building sewer piping					
SEWAGE DISPOSAL S	YSTEM REQUIRE	MENTS			
☐ Gravel Leachfield	☐ Chambe	 r			
Length of Each LineDepth of Trench	Length of line_		Units pe	r line	
Number of Lines	Width of Cham	iber	_ Depth T	rench tion Box Yes No	
Depth of Gravel Beneath Leach Pipe Width of Trench					
Distribution box must be placed on a concrete pad		Distribution box must be placed on a concrete pad Chamber inlets must have splash plate(s) installed			
Leachline must be installed level. The end of the					
Leachline must be capped. Gravel must be 1-3 inches washed and graded					
Stavet must be 1-3 menes washed and graded					
PLOT MAP (Show North Direction Arrow)	AS F	AS BUILT: (Show North Direction Arrow)			
1.D	D '			D /	
ssued By:	Permit#			_ Date	

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

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one year from the date of issuance.