



Division of Environmental Health

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WATERLESS TOILET SYSTEM PERMIT APPLICATION

Construction Modification Repair Destruction Renewal

Application is hereby made to the Humboldt County Department of Health & Human Services, Division of Environmental Health (DEH) for a permit to construct, repair, modify, or destroy a waterless toilet system (WTS) as specified below in compliance with all County ordinances and State law regulating construction of waterless toilet systems.

SITE INFORMATION

Site Address: Street _____	City, Zip _____
Assessor's Parcel Number (include previous APNs): _____	
Directions to Site: _____	
Owner's Name: _____	Owner Phone: _____
Mailing Address: Street _____	City, Zip _____

APPLICANT INFORMATION

Applicant Name: _____	
Mailing Address: Street _____	City, Zip _____
E-mail Address: _____	Applicant Phone: _____

ADDITIONAL INFORMATION

Submittal Checklist: <input type="checkbox"/> Site Map <input type="checkbox"/> System Specification <input type="checkbox"/> Operation/Maintenance Manual <input type="checkbox"/> End Product Disposal Plan
Installation Accessory To: <input type="checkbox"/> Permitted OWTS <input type="checkbox"/> Tier 0 OWTS <input type="checkbox"/> Public Sewer <input type="checkbox"/> Graywater <input type="checkbox"/> Ag. Field Setting

Anticipated User Count: _____ **Total Bedroom Count:** _____ **Water Supply:** Public Private

TERMS OF PERMIT

1. DEH personnel will be notified a minimum of 48 hours prior to final inspection. Please note that some systems may require several inspections. **Should situations arise that prohibit a final inspection at the appointed time, the applicant or the applicant's agent shall notify DEH and reschedule the appointment. Failure to do so may result in additional charges to the applicant at the current hourly rate.**
2. An inspection by DEH personnel, or other Qualified Professional (when approved by DEH), will be obtained prior to using the system.
3. The construction of, or modification to, a WTS may require approval by the local building official. It is the applicant's responsibility to obtain any necessary permits and/or approval as required by any other agency.
4. Any deviation from the approved plan without prior approval from DEH may result in revocation of this permit.
5. I understand that I will be responsible to pay a fee to obtain a recurring operational permit, valid for a period of three years. At the end of each three year permit cycle I am responsible to prepare and submit an Operational Report summarizing the effectiveness of the system, including lab results.
6. Installation of a WTS must be recorded to the associated parcel deed prior to obtaining final approval of the WTS permit.

OWNER ACKNOWLEDGEMENT

The issuance of a permit in no way implies a DEH guarantee of perfect and indefinite operation of this WTS. Approval is based upon information submitted in the application. **Field conditions that vary significantly from the approved application information may void this permit.**

I hereby acknowledge that I have read this application and that the information provided is correct. I agree to comply with all County Ordinances and State Law regulating construction of waterless toilet systems.

This permit shall expire if work authorized is not completed within one year following the Permit Issuance Date.

Signature of Owner: _____ **Date of Signature:** _____

If paid by Credit Card: Date and amount paid _____ Confirmation #: _____

* FOR OFFICE USE ONLY *		O.P confirmed by:	
Permit fee: <input type="checkbox"/> Cash	Additional Amount Due: \$ _____	Receipt number: _____	
\$ _____ <input type="checkbox"/> Check #:.....	Additional Amount Paid: _____	OA Initials and date entered: _____	
Special Requirements: _____		Building Notice Date: _____	
System Approved By: _____	Date Signed: _____	Construction Approved By: _____	Date Signed: _____

APPLICATION GUIDE

All information requested is necessary to assist staff in processing your application in a timely manner. Incomplete applications will cause delay. Follow these instructions to complete the WTS permit application.

APPLICATION TYPE

Select the appropriate WTS application type as described below.

Construction	Installation of a new WTS.
Modification	Alteration of an existing WTS (e.g. expansion, relocation, or similar change to a permitted WTS).
Repair	Replacement of any WTS component as a result of system failure.
Destruction	Removal of an existing WTS.
Renewal	Required if an approved WTS has not completed final construction inspection within one year of the permit issuance date.

SITE INFORMATION

Provide thorough and accurate site location including site address, assessor's parcel number, and parcel owner contact information. If a historic assessor's parcel number is known, it may be listed here. Additionally, provide accurate and concise directions to the site.

APPLICANT INFORMATION

Provide current contact information for the project applicant.

SUBMITTAL CHECKLIST

The following items are required to be submitted in conjunction with the WTS Permit Application. Applications lacking any of the required documents will not be accepted by this office.

Site Map

Submitted site maps should include:

- Proposed WTS component locations and structure served
- Significant landmarks
- Steep slopes
- Roads
- Lot dimensions
- Existing and proposed easements for road or utility purposes
- Wells, wetlands, water bodies or drainage swales
- Soil/site suitability testing results and locations
- Existing, proposed, or abandoned onsite wastewater treatment systems

System Specifications

Manufacturer's specification of the selected WTS to be installed and/or public domain information for design, construction, operation and maintenance.

Operation/Maintenance Manual

End Product Disposal Plan

INSTALLATION ACCESSORY TO

Indicate the existing method(s) of wastewater disposal that the WTS will be used in conjunction with.

Permitted OWTS	Structure to be served by proposed WTS is currently served by a permitted On-Site Wastewater Treatment System (OWTS).
Tier 0 OWTS	Structure is currently served by a properly functioning** unpermitted OWTS.
Public Sewer	Structure is currently served by community sewer.
Graywater	A graywater system meeting current CPC standards (excludes kitchen sinks).
Ag. Field Setting	Hand-labor operations at agricultural establishments.

ANTICIPATED USE/BEDROOMS

Indicate the anticipated number of people and total bedroom count that the proposed WTS will accommodate.

WATER SUPPLY

Indicate if the water supply is provided by private on-site source or a public water system.

OWNER SIGNATURE

WTS Permit applications must be signed and dated by the parcel owner. Applications signed by any individuals other than the owner (e.g. consultant, applicant, owner's agent) will not be accepted by this office without signed owner consent.

** *Properly Functioning* means not impairing groundwater or surface water. May require evaluation by a Qualified Professional.