



## Division of Environmental Health

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### ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT APPLICATION

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 an onsite wastewater treatment system as specified below in compliance with all county ordinances and state law regulating construction of OWTS.		Type <input type="checkbox"/> New Construction <input type="checkbox"/> Gray Water <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Destruction <input type="checkbox"/> Permit Renewal	
Site Address    40.528585, -123.608712 PARCEL 43 TIMBERLINE RANCH EST RS BK 26		Owner's Name    KURNISHON LLC Mailing Address    PO BOX 50	
Assessor's Parcel No. (APN)                      208-221-006		City/State/Zip            FORTUNA, CA 95540 Phone                      702-533-5373	
Previous APNs EXIT US-HWY 101 (685) CA-HWY 36 Directions to Site TURN LEFT ONTO CA-HWY 36 TURN LEFT ONTO US FOREST SERVICE RD 1 TURN LEFT ONTO COUNTY LINE CREEK RD CONTINUE ONTO SALYER MAD RIVER ROAD		Applicant Name            KURNISHON LLC Mailing Address            PO BOX 50 City/State/Zip              FORTUNA, CA 95540 Phone                      702-533-5373	
<input checked="" type="checkbox"/> Standard System <input type="checkbox"/> *Non-Standard System *Please note that non-standard systems require an operating permit pursuant to HCC Title VI, Division I, Chapter 6. The owner/operator will be subject to permit fees and inspections.		Installation Will Serve: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Commercial <input type="checkbox"/> Multiple Housing <input type="checkbox"/> Mobile Home Park	
		No. of Units:    ONE No. of bedrooms per unit:    TWO Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	
<p style="text-align: center;">Terms of Permit</p> <ol style="list-style-type: none"> <li>DEH personnel will be notified a minimum of <b>48 hours</b> prior to final inspection. Please note that some systems may require several inspections. <b>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.</b></li> <li>An inspection by DEH personnel, or other qualified professional (when approved by DEH), will be obtained prior to covering the system.</li> <li>An inspection will not be performed unless a copy of the approved OWTS design is available at the job site.</li> <li>Any deviation from the approved plan without prior approval from DEH may result in revocation of this permit.</li> </ol>			
<p>The issuance of a permit in no way implies a DEH guarantee of perfect and indefinite operation of this OWTS. Approval is based upon information submitted by the applicant. <b>Field conditions that vary significantly from the approved application information may void this permit.</b></p> <p style="text-align: center;">The undersigned applicant for an OWTS permit certifies as follows:</p>			
<b>Contractors' License Law Certification</b> <input type="checkbox"/> The applicant's contractor is licensed under the provisions of the Contractors' License Law, under the license number below, _____ which is in full effect. <p style="text-align: center;">OR</p> <input type="checkbox"/> The applicant is exempt from the provisions of the Contractor's License Law (owner/builder)		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 onsite wastewater treatment systems. <b>This permit shall expire if work authorized is not commenced:</b> <ol style="list-style-type: none"> <li><b>New Construction</b> – Prior to 1 year following the <u>Building Issuance Date</u>. _____</li> <li><b>Repair, Modification or Destruction</b> – Prior to 1 year from the date of system design approval.</li> </ol>	
Signature of Owner/Owner's Agent <i>[Signature]</i>		Date <i>7-12-19</i>	

<b>FOR OFFICE USE ONLY</b>		<b>Legal Conformance:</b>		
Septic Tank Size:	Pump Chamber Size:	No. of Lines:	Line Length:	Trench Depth:
Special Requirements and/or Comments:				
System Design Approved by:			Date:	
Construction Approved by:			Date:	
Amount Paid:		Receipt No.:		Project No.:
Additional Amount Due:		Date Additional Amount Paid:		Receipt No.: