

Website: wp.sbcounty.gov/dph/ehs

Text/Call: 800.442.2283 Fax: 909.387.4323

APPLICATION FOR PERCOLATION REVIEW

THIS SECTION TO BE COMPLETED BY ADDITIONIT

GENERAL INFORMATION						
Percolation	New Construction	Comme		Tentative Tract		
Report (check all that				lan		
apply)	Replace an Existing System	Tentative Parcel N		Map Single Family Residence		
Design Rate (check all that Research PERC Rate on File		Looch Lines		Conners Dita		
apply)	Replace an Existing System	Leach Lines		Seepage Pits		
NOTE: If a sewer is within 200 feet, a connection is required. A Will/Will Not Serve Letter may be required.						
APN:				Lot Dimensions:	Agragge	
APN.				Lot Differsions.	Acreage:	
Tract:				Parcel Map:	Lot:	
Site Address:				City:	Zip:	
CONTACT INFORMATION						
Owner's Name(s):						
Mailing Address: City:				State:	Zip:	
Email:			Phone:			
Contractor/Engineer: Pho			Phone:	ie:		
When Completed Return to/Contact:			Phone:	ne:		
Contact Mailing Address:			Email:	Email:		
Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. By initialing and submitting this form, you acknowledge that you have read and understand the above statement: Initials:						
For Office Use Only						
				Date:	PE Number:	
				Fee:	Record ID:	
				Received By: FA Number:		
					Designated Employee:	
FHS Stamp						