



Alameda County Department of Environmental Health Land Use Program

1131 Harbor Bay Pkwy, Alameda, CA 94502

Phone: 510-567-6700 ♦ Fax: 510-337-9335 ♦ Web: www.acgov.org/aceh/landuse

Onsite Wastewater Treatment System (OWTS) Service Request Application

OFFICE USE ONLY

Date Rec'd: _____ Rec'd By: _____ Amt \$: _____ PE Code: _____ SR#: _____ ON#: _____

SERVICE REQUEST TYPE & MINIMUM FEE DEPOSIT (CHECK ALL THAT APPLY)

SERVICE REQUEST TYPE	FEE	PE CODE	SERVICE REQUEST TYPE	FEE	PE CODE	SERVICE REQUEST TYPE	FEE	PE CODE
<input checked="" type="checkbox"/> APPLICATION PROCESSING FEE	\$145	2613	<input type="checkbox"/> OWTS DESIGN PLANS	\$1,587	2602, 2603, 2604	<input type="checkbox"/> OPERATING PERMIT & RENEWAL	\$288	2606
<input type="checkbox"/> CONSULTATION MEETING	\$145	2613	<input type="checkbox"/> BUILDING PERMIT PLANS OR PLANNING REFERRALS	\$433	2604	<input type="checkbox"/> POTABLE WATER SUPPLY WELL SOURCE TESTING	\$433	2607
<input type="checkbox"/> SITE VISIT/EVALUATION	\$433	2601	<input type="checkbox"/> CONSTRUCTION PERMIT STANDARD OWTS	\$866	2605, 2614	<input type="checkbox"/> LEGAL DOCUMENT PREPARATION	\$145/HR	2613
<input type="checkbox"/> OWTS PERFORMANCE/SITE EVALUATION	\$433	2601	<input type="checkbox"/> CONSTRUCTION PERMIT ADVANCED OWTS	\$1,011	2605, 2613, 2614	<input type="checkbox"/> VARIANCE PROCESSING (TWENTY HOURS STAFF TIME)	\$3000	2613
<input type="checkbox"/> EXISTING AS-BUILT PLAN REVIEW	\$433	2604	<input type="checkbox"/> OWTS ABANDONMENT PERMIT	\$433	2612	<input type="checkbox"/> INTERAGENCY COORDINATION (FIVE HOURS STAFF TIME)	\$725	2613

Indicated fees are due upon application submittal. Fees can be paid via cash, credit card, check or money order.

Please return this application to ACDEH in person, or by mail at 1131 Harbor Bay Parkway, Ste 111, Alameda CA, 94502.

All Service Request Applications are subject to a 10-business day processing period before being placed in ACDEH's permitting queue.

PROPERTY ADDRESS

Alameda County Assessor's Parcel Number (APN): _____

Street: _____ City: _____ State: _____ Zip Code: _____

PROPERTY OWNER INFORMATION

Property Owner Name: _____

Mailing Address (same as property address)

Street: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

OWNER'S REPRESENTATIVE N/A

Name: _____ Relationship to Owner: _____

Mailing Address

Street: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

AFFIDAVIT

I attest under penalty of perjury to the truth and correction of all the facts, exhibits, plans, and attachments presented with and made a part of this request.

I have reviewed the requirements and steps for the project phase(s) associated with this application described in the Tables listed on the ACDEH Land Use Website at www.acgov.org.

I agree to pay all fees and costs associated with receiving the necessary approvals for my project.

Property Owner Signature: _____ Date: _____

Owner's Representative Signature: _____ Date: _____

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Application Completeness Review: Land Use Staff Signature: _____ Date: _____

Refund Amount: \$ _____ Land Use PM Signature: _____ Date: _____



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Initiating Action for Service Request (CHECK APPLICABLE BOX)

OWNER INITIATED SERVICE REQUEST N/A

- Potable Water Supply Source Testing (Flow and Quality)
- Existing OWTS Abandonment/Sewer Connection
- Existing OWTS Requiring Corrective Action (failing or in need of repairs)
- Site Development and Improvement Projects (additions, remodels, new construction, solar, etc.)

REGULATORY AGENCY INITIATED SERVICE REQUEST N/A

Note: This section should only be filled out if you have been contacted by ACDEH regarding one the categories below.

- Alameda County Public Works Agency (PWA) Referral to ACDEH - Building Permit Application
- Alameda County Community Development Agency (CDA) Referral to ACDEH - Subdivision (Tentative & Final Map)
- CDA Referral to ACDEH - Conditional Use Permit (New & Renewal)
- CDA Referral to ACDEH - Site Development Review
- ACDEH Food Program Referral to ACDEH - Commercial Food Facility Permits
- Other Regulatory Agency Referral to ACDEH
- Non-Compliance with ACDEH Land Use Program Permits or Directives
- Complaint Investigation

Project Description

Provide a brief project description:



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OWTS Design Team Information		
OWTS DESIGNER		<input type="checkbox"/> N/A
Company Name:	License Type/No:	
Name of Professional:	<input type="checkbox"/> REHS: _____	Exp. Date: _____
Address:	<input type="checkbox"/> Civil Eng: _____	Exp. Date: _____
Phone:	<input type="checkbox"/> Geologist: _____	Exp. Date: _____
Email:		
SITE SURVEY PROFESSIONAL		<input type="checkbox"/> N/A
Company Name:	License Type/No:	
Name of Professional:	<input type="checkbox"/> Civil Eng: _____	Exp. Date: _____
Address:	<input type="checkbox"/> Land Surveyor: _____	Exp. Date: _____
Phone:		
Email:		
GEOTECHNICAL PROFESSIONAL		<input type="checkbox"/> N/A
Company Name:	License Type/No:	
Name of Professional:	<input type="checkbox"/> Civil Eng: _____	Exp. Date: _____
Address:	<input type="checkbox"/> Geotechnical Eng: _____	Exp. Date: _____
Phone:	<input type="checkbox"/> Cert Eng Geol: _____	Exp. Date: _____
Email:		
OTHER ENVIRONMENTAL CONSULTANT		<input type="checkbox"/> N/A
Company Name:		
Name of Professional:	License Type: _____	
Address:	License No: _____	Exp. Date: _____
Phone:		
Email:		



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OWTS Service Provider Information		
OWTS CONTRACTOR		<input type="checkbox"/> N/A
Company Name:	License Type:	Exp. Date: _____
Name of Professional:	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C-42 <input type="checkbox"/> C-36	
Address:	License No: _____	
Phone:	-OR-	
Email:	<input type="checkbox"/> Homeowner (Standard OWTS only)	
<input type="checkbox"/> SAME AS OWTS DESIGNER		<input type="checkbox"/> N/A
SEPTIC TANK PUMPER		
Company Name:	License Type: _____	Exp. Date: _____
Name of Professional:	License No: _____	
Address:		
Phone:		
Email:		
<input type="checkbox"/> SAME AS OWTS DESIGNER		<input type="checkbox"/> N/A
OWTS OPERATIONS, MONITORING & MAINTENANCE SERVICE PROVIDER		
Company Name:	License Type: _____	Exp. Date: _____
Name of Professional:	License No: _____	
Address:		
Phone:		
Email:		
<input type="checkbox"/> O&M Service Provider Contract Attached		
3RD PARTY INDEPENDENT INSPECTOR		<input type="checkbox"/> N/A
Company Name:	License Type/No:	Exp. Date: _____
Name of Professional:	<input type="checkbox"/> REHS: _____	
Address:	<input type="checkbox"/> Civil Eng: _____	
Phone:	<input type="checkbox"/> Geologist: _____	
Email:		
OTHER SERVICE PROVIDER		<input type="checkbox"/> N/A
Company Name:	License Type: _____	Exp. Date: _____
Name of Professional:	License No: _____	
Address:		
Phone:		
Email:		



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Application Instructions

Please note, all project applications are subject to a 10-business day processing period before being placed in ACDEH's permitting queue.

To initiate regulatory oversight on a project, complete and submit **pages one through four** of this Service Request Application. Fill in all blanks. If a particular item does not apply to your project, check the not applicable box.

Return this application and permit fees, along with **two copies of supporting documents** to the Alameda County Environmental Health Department located at 1131 Harbor Bay Parkway, Alameda, CA 94502-6577. Fees can be paid via cash, credit card, check or money order. ACDEH will contact you for additional copies of supporting documents as necessary for approval and distribution to applicable parties.

An application processing fee of \$145 will be charged for processing each Service Request Application. The Service Request Application and supporting documents (certified by qualified professionals) must be legible and otherwise adequate for proper review. Incomplete applications (missing key information and/or supporting documents) will be rejected by ACDEH and may be assessed an additional re-submittal processing fee of \$145.00.

Supplementary Tables one through seven are provided on our website at: www.acgov.org/aceh/landuse/permitting_process.htm. These tables provide an overview of owner submittals and requirements and ACDEH regulatory oversight steps associated with each type of Service Request. The minimum fees shown on page one of this application were adopted by the Alameda County Board of Supervisors (effective July 1, 2010), and correspond to costs associated with providing ACDEH's minimum regulatory oversight steps listed in tables 1 through 7. Actual project costs may be more or less than the minimum fees depending on the complexity or magnitude of the proposed project, documents, or lack thereof, contained in ACDEH's case files; interagency coordination; the accuracy of documents submitted to ACDEH for review; and the number of review cycles required during the approval process. If the initial fee deposit is depleted, an additional deposit equal to the same amount must be paid to ACDEH to continue the approval and/or permitting process. Any excess funds will be refunded to you after the final action on your application.

Copies of this application may be referred to other County Departments and Governmental jurisdictions that have responsibilities with the proposed project. A meeting with ACDEH Land Use Program, Applicant, and referral agencies may be conducted after review of this application in order to clarify aspects of the project, determine additional information that may be required, and discuss other relevant issues.

This application may also be referred to interested non-governmental parties, such as adjacent property owners. All issues raised from these referrals must be resolved prior to OWTS plan approval or issuance of a permit.