



3785 Shoreline Highway | PO Box 245  
 Stinson Beach, California | 94970  
 p: (415) 868-1333 e: [info@stinsonwater.org](mailto:info@stinsonwater.org)  
 f: (415) 868-9417 w: [stinsonwater.org](http://stinsonwater.org)

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

**INSTRUCTIONS:**

1. Applicant hereby applies for a maintenance permit for the existing OWTS located on the service address/parcel indicated below. Applicant must complete all the application information as indicated below. Application must be completed by either the property owner or licensed contractor. Work must be completed by a licensed contractor.
2. Submit and attach to this application a full description of the maintenance work to be performed, and the anticipated total cost of said work.
3. For all maintenance work exceeding \$500 in total cost, contractor must submit a copy of valid contractor's license, proof of worker's compensation insurance (if applicable), and a copy of a valid Marin County Business License.
4. Payment of fees is required at the time of submission (see fee schedule below).

**TERMS:**

1. Maintenance of an OWTS shall mean clearing of stoppages in pipes in nontreatment components; repairing or replacing non-treatment components of a wastewater system; pumping liquid and solids from, or otherwise cleaning septic tanks and grease traps; cleaning sand filters; and cleaning pressure distribution system pumps and piping as specified in Section 4.03.244 of the District's Title IV: Onsite Wastewater Treatment System Code.
2. **PERMIT IS VALID FOR A MAXIMUM OF 60 CALENDAR DAYS FROM THE DATE OF ISSUANCE.**

**FEE SCHEDULE:** *(check one)*

**Maintenance Permit**                      **\$20.00**                      *ALL FEES ARE NON-REFUNDABLE*

**APPLICATION INFORMATION:**

Issuance Date: _____	Applicant:    OWNER / CONTRACTOR <i>(circle one)</i>
Permit Expiry Date: _____	Service Address: _____
Account Number: _____	Parcel Number: _____
Owner Name: _____	Contractor Name: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Owner Phone: _____	Contractor Phone: _____
Owner Email: _____	Contractor Email: _____
Owner Signature: _____	Contractor Signature: _____
Contractor's License Number and Expiration Date: _____	

**UPON COMPLETION OF WORK:**

Work Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completion Date: \_\_\_\_\_                      Certified by (signature): \_\_\_\_\_

**For District Use Only:**

Date filed: _____	Application processed by: _____
Fee received? _____	Completion processed by: _____



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