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## ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) SITE EVALUATION APPLICATION

**INSTRUCTIONS:**

1. Applicant hereby applies for a site evaluation of a proposed OWTS located at 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 a licensed site investigator.
2. Submit and attach to this application a full description of the site evaluation to be performed.
3. Site Investigator must submit a copy of valid 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 AND PROCESS:**

1. Per Chapter 4.14 of the District’s Title IV: Onsite Wastewater Treatment System Code:
  - a. Site evaluations shall be performed on all parcels for which an OWTS is proposed. The evaluations shall include a soil profile inspection, percolation testing, and groundwater monitoring. Percolation testing and/or groundwater testing may be waived by the District Engineer if the soils are cohesionless sand or in cases of repair/replacement of a failed OWTS.
  - b. Wet weather determination of groundwater levels shall be required within areas of cohesionless sandy soils, except when the District Engineer has determined there is adequate documentation of groundwater levels. For all other areas, wet weather determination of groundwater levels shall be determined during the soil profile investigation with the District Engineer.
  - c. Wet weather testing will generally occur in January through April, after 50% of the average annual rainfall has fallen.
2. **Site evaluation must be scheduled and confirmed with District staff at least 48 hours prior to the evaluation.**

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

- Investigation of Vacant Lot      \$ 1,350.00
- Investigation of Developed Lot      \$ 500.00
- ALL FEES ARE NON-REFUNDABLE*

**APPLICATION INFORMATION:**

Application Date: \_\_\_\_\_ Applicant: OWNER / INVESTIGATOR *(circle one)*

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Investigator Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Investigator Phone: \_\_\_\_\_

Owner Email: \_\_\_\_\_ Investigator Email: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Investigator Signature: \_\_\_\_\_

Investigator’s License Number and Expiration Date: \_\_\_\_\_

**For District Use Only:**

Date filed: \_\_\_\_\_ Application processed by: \_\_\_\_\_

Fee received? \_\_\_\_\_ Time/date of evaluation: \_\_\_\_\_