

Sewered Building Clearance

Drinking Water & Onsite Sewage Program

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

BUILDING SITE ADDRESS
Street Address
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	State	Zip/Postal

COMMERCIAL ACTIVITIES	
Will this project include either a Food Service Establishment or a School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this project include any activities such as industrial processes, chemical use, painting, auto-work, and any other processes that produce waste products atypical of residential waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SEWER CONNECTION VERIFICATION
<ul style="list-style-type: none"> Sewer Availability Letter attached <input type="checkbox"/> Yes- (required) Scaled Site Plan Attached <input type="checkbox"/> N/A <input type="checkbox"/> Yes – Required if there are known existing wells

DRINKING WATER VERIFICATION	
Water Supply Type	Water Supply Details
<input type="checkbox"/> Public	Public Water System Name <input type="checkbox"/> Binding Water Availability Letter for Public Water attached (Required)
<input type="checkbox"/> Individual Well	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing Proposed individual wells will require a Well Site Application
<input type="checkbox"/> 2-Party Well	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing Proposed 2-party wells will require a Well Site Application
	Address of Existing Well: Address of 2nd Connection:

SIGNATURE & ACKNOWLEDGEMENT	
By signing this acknowledgment, I understand that all information presented on this form is true and accurate to my best knowledge. I also understand that if during the process of construction, if existing septic tanks and/or wells are found that the Health District is to be notified and that they will be decommissioned per applicable code and processes.	
Name Printed	Contact phone Number
Signature	Date