

# Percolation Test Approved

WLS-028



**Purpose:** The purpose of this form is to identify the potential type(s) of septic system(s) that may be constructed based upon the approved percolation test.

Consultant's Name _____		Site Address _____
Mailing Address _____		City/Town _____
City/Town _____	State/Zip _____	Assessor's Parcel Number _____
Phone _____	Fax _____	Property Owner _____
SEV Number _____		Subdivision Number and/or Lot Number _____

The percolation test data has been reviewed and approved and there is potential for the following type(s) of septic system(s):

_____	sized at	_____
_____	sized at	_____
_____	sized at	_____

The following items are required for approval of the septic system:

- ☐ Design by a Registered Environmental Health Specialist or Registered Civil Engineer.
- ☐ Complete topographic map of site.
- ☐ 100% expansion.    ☐ 200% expansion. **or proof of lot creation prior to Oct 1971**
- ☐ Maintain setbacks from the following failed percolation hole(s):

\_\_\_\_\_

\_\_\_\_\_

- ☐ The following critical design elements need to be addressed for approval of the septic system design:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The septic system capacity is also dependent upon topography and setbacks. The approved septic system design will determine the number of bedrooms allowed in the dwelling(s).

Construction of the septic system cannot occur until plans have been approved and a permit has been issued by our office. **All septic systems must comply with standards in effect at the time of permit issuance.**

For further information, please contact the undersigned at (707)565- \_\_\_\_\_ between 7:30 and 9:00 a.m.

\_\_\_\_\_  
District Environmental Health Specialist

\_\_\_\_\_  
Date

**Sonoma County Permit and Resource Management Department**  
2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1399