

**PROPERTY INFORMATION FOR ADEQUATE SERVICE CERTIFICATION
(FORM A)**

APPLICANT COMPLETES THE FOLLOWING INFORMATION FOR SUBJECT PROPERTY:

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

Proposed Use/Project: _____

Tentative Tract/Parcel Number: _____

Assessor's Parcel Number(s): _____

Property Address: _____

Community: _____

Property Legal:
Tract #: _____ Lot #: _____ Block #: _____

Adequate Service Certification

On-Site Sewage Disposal (Form S2)

(FOR DEHS TO COMPLETE)

Applicant Name: _____ **APN(s):** _____

The County Department of Public Health, Division of Environmental Health Services finds that:

The subject property is in an area for which the department has sufficient information to assign sewage disposal design rate in compliance with the percolation report waiver criteria.

The subject property has a percolation report which has EHS approval. The report contains sufficient information for the design of an on-site disposal system for the proposed use of the property.

The subject property is required to have a percolation report for EHS review and approval.

Existing septic system shall be certified by a qualified professional (P.E., C.E.G., REHS, C-42 contractor) that the system functions properly, meets code, and has the capacity required for the proposed project.

Signature – DEHS

DATE

Printed Name – DEHS