



Mendocino County Health & Human Services Agency

Healthy People, Healthy Communities

Division of Environmental Health

860 N Bush St Ukiah, CA 95482 707-234-6625
120 W Fir St Fort Bragg, CA 95437 707-961-2714



SUBJECT: **WET SEASON CONSTRUCTION AUTHORIZATION**

PROPERTY ADDRESS: _____

APN: _____

ON-SITE SEPTIC PERMIT NUMBER: ST _____

Date Received: _____

Received By: _____

Payment #: _____

Amount Rec'd: _____

The soil conditions have been examined at least to the depth of the infiltrative surface in the area of the proposed initial leachfield and have been found to be dry enough for installation of the permitted system. The soil examination was conducted on ____/____/____.

I authorized installation of the On-Site Sewage System from ____/____/____ to ____/____/____. This approval is void if **ANY** rainfall occurs at the site after the date of examination noted above.

Signature of Site Evaluator of DEH Inspector*

Printed Name of Site Evaluator of DEH Inspector*

Date

I understand that the long term performance of a leachfield can be decreased by construction when soil conditions are improper and will halt construction if I note soil smearing and/or compaction.

Signature of Installer

Printed Name of Installer

License Number

Phone Number

Date

AND/OR

Signature of Owner

Printed Name of Owner

Date

Complete all blanks and return to DEH at least 1 business day prior to authorized start date.

***Mendocino County has established a fee to cover this service is DEH inspector performs Request for Soil Moisture Construction Inspection. Fee Amount \$146**