

**ENVIRONMENTAL HEALTH CLEARANCE TO APPLY FOR BUILDING PERMIT FOR A
GRAYWATER IRRIGATION SYSTEM**

***THIS IS NOT A PERMIT**

TO BE COMPLETED BY APPLICANT:

Date Assessor's Parcel Number Construction Site Location

Owner's Name Owner's Phone Number

Owner's Mailing Address Owner's Email Address

Applicant's Name _____ Phone Number _____
System Designer _____ System Installer _____

PROPOSED PROJECT

____ Simple Greywater Irrigation System _____ Treated Graywater System
____ Complex Graywater Irrigation System _____ Laundry Only- System (no permit)

List fixtures to be plumbed to Graywater System: _____

GIS Information (Found at <http://gis.co.santa-cruz.ca.us/PublicGISWeb/>)

Mapped Slope: Red / Green (circle one) Mapped Soil Type: Red /Yellow/ Green (circle one)
Mapped Soil Hydrologic Class: _____
Cross Check with Soil Survey of Santa Cruz County: <http://www.ca.nrcs.usda.gov/mlra02/stacruz/index.html>

Groundwater Depth:

Test hole to check for Groundwater (3.5 ft)? Y or N
• Groundwater Depth Minimum: _____ FT. Date _____ Method: _____

Please note any observations regarding seasonal groundwater level:

File check additional notes: _____

Verify Setbacks with Septic System Plans on Fortis:

Estimated Graywater Discharge

of Bedrooms: _____ Winter Water Use Records (optional): _____ Date: _____
of Occupants: _____ Estimated Graywater Discharge (gal): _____
Note: Showers, tubs, and wash basins = 25GPD/Person; Laundry = 15GPD/Person

Irrigation Field Area

Minimum Required Irrigation Leaching Area: (GW Gal/Day) / Soil absorption table gal 16A-2: _____ ft²

Total proposed basin area (ft²) _____; Note: Area of a circle = πr^2 ; Area of a rectangle = Length X Height
Number of zones _____; Total ft² per zone _____; Depth (inches) _____; Number of outlets _____;

Total Mulch Basin Surge Capacity: _____ gal
Note: Total Mulch basin surge capacity: (sum ft³ of all basins)(0.8 capacity with mulch) (7.48gal/ft³)=gallons
Note: Volume ft³ (Square): Length X Width X Height = ft³ (Cylinder) $V=\pi r^2h$ ($\pi=3.14$)

Applicant's Signature _____

Date _____

TO BE COMPLETED BY ENVIRONMENTAL HEALTH STAFF:

- _____ Site conditions Suitable for Graywater Irrigation System
- _____ Site Conditions not Suitable for Graywater Irrigation System
- _____ Site Conditions Marginal, special conditions required
- _____ High winter groundwater and/or poor soil present: graywater use must not occur during wet season.

ADDITIONAL CONDITIONS OR REMARKS: _____

By _____ Date _____
Environmental Health Staff

Table 16A-2 Design Criteria of Six Typical Soils		
Type of Soil	Square Feet	Gallons
	Minimum square feet of irrigation/leaching area per 100 gallons of estimated graywater discharge per day	Maximum absorption capacity in gallons per square foot of irrigation/leaching area for a 24 hour period
Coarse sand or gravel	20	5
Fine sand	25	4
Sandy loam	40	2.5
Sandy clay	60	1.7
Clay with considerable sand or gravel	90	1.1
Clay with small amounts of sand or gravel	120	0.8

Table 16A-1

Minimum Horizontal Distance Required From:	Tank Feet	Irrigation Field Feet	Disposal Field Feet
Building Structures(1)	5	2	5
Property Line adjoining private property	5	1.5	5
Water supply wells(3)	50	100	100
Streams and lakes(3)	50	100	100
Seasonal Streams & Drainages	50	50	50
Sewage pits or cesspools	5	5	5
Sewage disposal field	5	4 (6)	4
Septic tank	0	5	5
Onsite domestic water service line	5	0	0
Pressurized public water main	10	10	10

Completed forms should be sent to Environmental Health Services for review and approval.

Mail forms to: Santa Cruz County Environmental Health

Water Conservation Program

701 Ocean St Rm. 312

Santa Cruz, CA 95060

Or FAX signed forms to: (831) 454-3128

Or e-mail signed forms to Env.Hlth@SantaCruzCounty.us