



# County of Santa Cruz

Health Services Agency ♦ Environmental Health Division

701 Ocean Street, Room 312, Santa Cruz, CA 95060  
(831) 454-2022 Fax : (831) 454-3128 TDD/TTY -Call 711 [www.scceh.com](http://www.scceh.com)

## SEWAGE DISPOSAL TECHNICAL INFORMATION CHECKLIST

Permit No: \_\_\_\_\_

APN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COMPLETE THE INFORMATION BELOW

Complete: YES or NA (Not Applicable)

YES NA

- Lot Size \_\_\_\_\_
- Coastal Zone
- FEMA Insurance Zones – 100 Year Flood Zones
- Cooper Clark Landslide
- Sand Hills
- Biotic Resources
- Water Source \_\_\_\_\_
- Expansion Area:      Equal              Partial              None
- Stream within 250' – Name: \_\_\_\_\_
- Setback from Stream: \_\_\_\_\_ ft
- Well within 250 feet / Setback from parcel well: \_\_\_\_\_ ft
- Neighboring wells confirmed and setback of 100' maintained
- Drainage lines or retention pit on plans
- System designed within property lines
- Slope at Leachfield: \_\_\_\_\_ % Slope at Expansion Area \_\_\_\_\_ %
- Embankment Height: \_\_\_\_\_ ft
- Retaining Wall Height: \_\_\_\_\_ ft
- Groundwater (GW) : \_\_\_\_\_ Date Measured: \_\_\_\_\_ WWT: Yes or No
- Percolation Rate: < 1 1-5mpi 6-30mpi 31-60mpi 61-120mpi >120mpi (\*Attach Readings)
- Soil Types: (NRCS or ENV) \_\_\_\_\_ (\*Attach Soil Profile)

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_