



DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

1855 Placer Street, Suite 102

Redding, California 96001

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BUILDING DIVISION SEWAGE DISPOSAL AND WATER SUPPLY CERTIFICATION FOR TEMPORARY DWELLING UNIT

Address of Building: _____ APN # _____

Property Owner's Name: _____ Permit # _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Water Supply The temporary dwelling being placed on this property will be connected to which of the following approved sources of water:

- Public Water Supply. Supply water system name: _____
- Existing Well.*

- Other water source approved by the Environmental Health Division (EHD).
Describe other source _____
EHD approval: _____ Date: _____
Name (signature) _____

Sewage Disposal The temporary dwelling unit being placed on the property will be connected to which of the following approved sewage disposal systems:

- Public Sewer System. System name: _____
- Existing on-site sewage disposal system.*
- Temporary holding tank with a contract with a pumping company for regular pumping. A copy of the contract shall be provided to EHD.
- Other method of sewage disposal approved by EHD.
Describe other method _____
EHD approval: _____ Date: _____
Name (signature) _____

*The property owner shall be responsible for ensuring that the existing well and/or sewage disposal system have not been damaged by the fire, that the well provides water safe for domestic consumption, and that the sewage disposal system is intact, adequately sized, and functioning as intended. (i.e. no surfacing sewage). If the property is to be rebuilt on, EHD will require water system and sewage disposal system waivers, which will include a water sample from the well to be analyzed by a certified lab for the presence of total coliform bacteria, and a septic pumper report on the sewage disposal system. If you perform either or both of these activities now, and submit copies to EHD, you will not need to perform them again at the time the waivers are required for rebuilding.

PROPERTY OWNER CERTIFICATION:

By signing below I certify that the information provided above is correct, I acknowledge that I have read, accept and understand the information provided in this document, and I agree to comply with all Shasta County Ordinances and State Laws relating to this temporary dwelling unit.

SIGNATURE OF OWNER

DATE