

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
ENVIRONMENTAL HEALTH DIVISION
1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787 FAX (530) 225-5413
ehd.co.shasta.ca.us

REQUEST FOR ALTERNATIVE GROUNDWATER LEVEL DETERMINATION

Fee: \$362.13 per proposed parcel or lot

Applicant _____

Mailing Address _____

Phone _____

Property Owner _____

Address _____

Proposed Water Supply for Parcels:

Public: _____ Name of Company _____

Private: Well: Drilled _____ Other _____

Property Location _____

Subdivision Name or Parcel Map Number (if parcel(s) was created by either of these) _____

Assessor's Parcel Number(s) _____

Total Acreage of Parcel _____

Number of Parcels Proposed _____

Minimum Acreage of Proposed Parcels _____

LOTS LESS THAN ONE (1) ACRE IN SIZE AND COMMUNITY LEACH FIELDS CAN ONLY BE EVALUATED UNDER SHASTA COUNTY STANDARDS A3C(2)(A) OR A3C(2)(B).

THE APPLICANT SHALL PROVIDE THE FOLLOWING:

- A preliminary lot, parcel/subdivision plan including topographical information. Directions to locate the property are to be provided on the back of this application or the back of the plot plan. Directions must be adequate for staff to locate property.
- Each parcel shall contain one or more proposed disposal areas consisting of a minimum one-half acre of usable disposal material in locations which could reasonably be utilized by a structure built at a desirable and feasible site. Flagging at proposed lot corners with the lot number indicated on the flagging.
- At least two (2) test pits located within the one-half acre disposal sites. Test pits shall be at least two (2) feet wide, slope toward one end at a rate no greater than 3:1 and be five (5) feet deep. Test pits shall be located approximately seventy-five (75) feet apart and be flagged with the lot number.

I certify that this information is true and correct. By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

(Signature)

(Date)

FOR OFFICE USE ONLY

Zoning/General Plan _____

Minimum Required Lot Size _____

Application received by _____ Date _____ Fee \$ _____ Receipt # _____

Notes _____