

CZU LIGHTNING COMPLEX FIRES
Environmental Health
Temporary Accommodation Clearance



**COUNTY OF SANTA CRUZ
 RECOVERY PERMIT CENTER**
 Phone 831-454-5323
 Email RPC@SantaCruzCounty.Us

APPROVED	DENIED

REHS: _____ Date: _____ PE: _____ SR: _____

Site Location: _____

PROPERTY OWNER (Required)

Name: _____ APN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

DESIGN PROFESSIONAL (CA Licensed Engineer)

Complete this section if the contact person is someone other than the Onsite Wastewater Treatment System (OWTS) owner.

Contact Name: _____ License #: _____ Expires: _____

Address: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

REQUIRED

Identify the water source is potable with a report from a licensed well contractor or a public water system. Land Use staff will review the EH database to confirm that the existing septic system is functioning. If records cannot be located, we will reach out to you to obtain documents.

- Debris Removal Certification (EH) for CZU fire affected parcels.
- Septic Pumper Report (Located in EH Files _____ Date: _____)
- Potable Water Source (Licensed Well Driller report, Copy of Bills, and/or Photos)
- 2 Plot Plans for proposed temporary structure (instructions page 2)

I certify under penalty of perjury that the foregoing information is true and correct and that the accompanying septic tank pumping inspection report is accurate for the subject sewage disposal.

 Applicant (Print Name) Applicant's Signature Date

When approved by an authorized Environmental Health Services Staff, this application shall be deemed an Evaluation of the on-site disposal system from Environmental Health Services for Temporary Housing for CZU affected Property Owners. This is not a "permit for development" as that term is used in the California Subdivision Map Act. This Evaluation is limited to the following checked statement and is not to be construed as a warranty of proper operation or future life expectancy of the system. The temporary structure must be removed prior to EH final of the reconstruction building permit or 3 years from the date of clearance issuance or no later than June 30, 2024.

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SYSTEM AND SITE DETAIL (Completed by Applicant)

Lot Size (in acres): _____

APN: _____

Type of Temporary Housing (ex: RV, travel trailer, mobile home): _____

Septic System Previously Served:(check all that apply)

Main House Second Unit Bonus Room

of Bedrooms SFD: _____ Multiple Units: _____ SFD + ADU = _____ Total _____

Structure (such as: Garage, Office, Barn, Shop, Studio, Pool Cabana)

Commercial/Industrial/Institutional:

Type of Business: _____

Peak Daily Flow: _____

Number of People Using System Existing: _____ Proposed: _____

Indicate the water source for the system:

Public, indicate Water Company/District: _____

Private, indicate On-site source: _____ Off-site source: _____

Describe the Location of Septic System on Site: _____

Septic Tank Capacity (in gallons): _____ Material: _____

Leach Field Dimensions or Square Footage or Sizing: _____

Types of Dispersal Field:

Leach Line Infiltrators Shallow Drip Seepage Pit Mount

Number of septic systems on site: _____ Distance to Well: _____



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APPLICATION STATUS OR DEFICIENCIES: (Completed by Environmental Health Specialist)

- No records of septic system, water source or infrastructure
- Septic System failure noted on pumper's report
- EH Records identify a marginal or failing septic system
- Limited expansion letter required
- Other/Comments: _____

Signature of Environmental Health Specialist

Date

FOR DEPARTMENT USE ONLY

Fee Rec'd by: _____ Date: _____ Amt \$: _____ Payment Type: _____ Receipt #: _____

Permit Conditions: _____

Final Construction Approved by: _____ Date: _____

Final Clearance by: _____ Date: _____

This form is required for an existing onsite wastewater system (OWTS) and temporary accommodations are needed for the CZU affected property owners:

- Two copies of a plot plan which details the septic tank system and shows previously existing structures and system components. The plot plan should indicate slopes, property lines, trees, any water wells, drainage courses, water lines, driveways, retaining walls, road cuts, paved areas and all required setbacks.

NOTE: Crib sumps, marginal and failing septic systems are prohibited by the Santa Cruz County Code and are required to be repaired or upgraded under permit and inspected by Environmental Health Services.

The Clearance will be approved if it is determined that:

- The septic tank meets the minimum capacity and construction requirements.
- The dispersal field is sized and functioning properly; there is no visible evidence of recent failure.

