



SEWER PERMIT APPLICATION FORM

Ross Valley Sanitary District
2960 Kerner Blvd. San Rafael, CA 94901
Phone: (415) 259-2949 | www.rvsd.org

For District Use Only:

Permit No: _____
Permit Fee: _____
Application Date: _____
LRGP/LRLP: _____
Approved By: _____
Initial & Date: _____

FILLABLE APPLICATION FORM (Applications that are incomplete will be rejected)

Project Information:

Project Address (City, State, Zip):

Assessor's Parcel Number (APN):

Applicant Name:

Property Owner Name: (if different from applicant)

Mailing Address (City, State, Zip):

Property Owner Phone:

Property Owner Email:

Description of Sewer Work:

Remodel Valuation and Description: (if this project is due to a remodel, additions, or new construction)

Project Type (check all that apply):

Pressure Test Lateral Replacement Lateral Repair New Connection Pool Drain

Project Trigger (check all that apply):

Property Sale Failure New Construction New Second Unit (ADU) Remodel Bath Addition
 Septic System to Sewer System Public Sewer Extension Common Interest Development Compliance
 Paving Project Capital Improvement Project Pool Drain

Project Information:

Does the property share a common connection/lateral connection to the sewer main? Yes No

If "Yes", how many shared connections exist? _____

How many Equivalent Dwelling Unit's (EDUs) are on the parcel? _____

***NOTE: If more than two (2) EDUs are on the parcel a six (6) inch sewer line will be required.**

Is a Road Moratorium in effect? Yes No

Date Work is Scheduled to Start (After Permit Approval): _____

Date Work is Scheduled to End: _____

Location of Lateral Work (check all that apply):

Public Right of Way Private Property

***NOTE: Work in the Public Right of Way requires an Encroachment Permit. Obtain this permit from your local Town, City, or the County of Marin prior to performing any work.**

Contractor Information:

Company Name:

Company Phone:

State License Number:

California License Classification(s):

Company Address (City, State, Zip):

Contact Name:

Contact Phone:

Contact Email:

Lateral Replacement Grant or Loan Program Information:

Have you applied for the Grant or Loan Program? Yes No

Funding Expiration Date: (if approved) _____

If you have not applied, do you intend to apply? Yes No

***IMPORTANT: I understand that any work performed prior to receiving a letter of approval from the District will not be eligible for a grant or loan. Funding for the program will expire 90 days from date of approval. I acknowledge this statement (initials).** _____

Public Sewer Extension (PSX) Information:

An additional application will be required for a PSX. These requirements can be found on our website at: <https://www.rvsd.org/170/Sewer-Installations-Extensions>.

I acknowledge and agree to (check all):

- Not start work without an approved District Permit.
- Schedule an inspection with the District prior to backfill.
- Contact the District at least three (3) business days prior to schedule inspections.
- Keep bedding ½ way up pipe w/ bands & pipe joints exposed for District review before backfilling.
- Have all pipes connected and cleanout(s) installed (where applicable).
- Obtain an Encroachment permit if work is required in the Public Right of Way.
- Complete sewer work within a year after permit approval and issuance.

If work was performed prior to obtaining a sewer permit, I must still acknowledge, make any corrections, and check all that apply. I have read and understand the District standards and requirements. I am aware a site meet may be scheduled to discuss any questions prior to performing work. I understand this permit will expire one year after date of issuance and that I must renew the permit if work is not complete within this time.

Applicant shall agree to save, indemnify, and hold harmless Ross Valley Sanitary District against all liabilities, judgments, costs, and expenses which may in any way accrue against the District in consequence of granting this permit. If said improvements ever require repair, removal, and/or relocation as determined by the District, **Applicant** further agrees to perform such work at **Applicant's** expense within a reasonable time upon being notified by the District.

Print Name of Applicant

Signature of Applicant

Date

Applicant is: Contractor Property Owner Agent

Private Sewer Lateral Inspection Report Form

The following requirements must be met in order to obtain a sewer permit:

1. Contractor shall hold either an A, B, C-36 or C-42 license with the California Contractors State License Board, or National Association of Sewer Service Companies Pipeline Assessment and Certification Program (NASSCO PACP) certification,
2. A video submittal shall visually verify the property address of the lateral being inspected,
3. An audio recording describing all issues with the lateral being inspected along with a footage counter to show the length of pipe MUST be included as part of the video inspection,
4. The lateral(s) must be cleared of significant debris and/or obstructions to provide a clear view,
5. All reasonable efforts must be made to fully inspect the entire lateral(s), including cleaning and removal of obstructions,
6. Any lateral tie in connections need to be inspected and their source identified.

***NOTE: Permit applications that do not include this form or meet the above requirements will be rejected. A DVD or Flash Drive must be submitted with the application. Links to videos will not be accepted. Incomplete video inspections where reasonable efforts to clear the lateral were not made, will be rejected.**

Date of Inspection: _____
Company Name: _____
Technician Name: _____
License Type/Number: _____
PACP Certification Number: _____
Project Address: _____
Project City: _____
Access Type: _____

(e.g., cleanout, roof vent, toilet, etc.)

Access Location & Terrain: _____
(e.g., side of house in dirt, near front door in concrete, garage exits house under planter box)

Location of connection with RVSD main: street / easement _____
(describe)

Inspection Notes: _____

Number of Cleanouts: _____

Number of Outlets from Building(s): _____

Total Length: _____

Pipe Material(s): _____

Pipe Diameter(s): _____

Does the upper or lower lateral appear to have been replaced in the last 20 years? Yes No

Depth at Building: _____

Depth at Curb: _____

Depth at Main: _____

Main Material: _____

Main CIPP- Lined? Yes No

Connection Type: Wye/Hammer/Tee/ _____

Sags: Yes No

Distance: _____

Bends $\geq 45^\circ$: Yes No

Distance: _____

Drawings must accompany this application and shall include the following: footprint of existing and/or planned structures, property lines and easements, district sewer lines and manholes, existing and/or proposed sewer lateral(s) and cleanouts, and any laterals that will be abandoned. All sewer lateral installations and related work shall be constructed in conformity with District specifications, rules, and regulations. Upon completion of construction, but prior to concrete pour/backfill, the District must perform an onsite final inspection. **Call (415) 259-2949 to request an inspection at least 72 hours in advance.**

Sketch of the Proposed Private Sewer Lateral Work and Site Plan

(Must include the following: method of replacement/installation, existing and proposed pipe materials, pipe diameter(s), approximate length, and depths from ground surface where known)