



AMADOR WATER AGENCY

12800 Ridge Road Sutter Creek CA 95685-9630
(209) 223-3018 FAX (209) 257-5281

NEW INSTALLATION

SERVICE ORDER # _____

WASTEWATER SERVICE PERMIT APPLICATION

This Section to be completed by Owner or Authorized Agent.

Date of Application: _____

Applicant: _____ Phone: () _____ () _____
Name Home Cell Phone

Billing Address: _____
Street or P.O. Box # City Zip

Email Address: _____ Work Phone: () _____

Service Address: _____
Number Street City Zip APN

Service Type: Residential Commercial Industrial Public

If Commercial or Industrial, Describe the Business: _____

of Bedrooms: _____ Total Sq. Ft: _____ Requested # of EDU's: _____

Water Supply: Public (Specify) _____ Private (Type) _____

If Applicant is not the Owner of the property, please complete the following:

Owner's name: _____ Phone: () _____ () _____
Name Home Cell Phone

Mailing Address: _____
Street or P.O. Box # City Zip

Email Address: _____ Work Phone: () _____

NOTE: THE OWNER'S AGENT/APPLICANT MUST PROVIDE A STATEMENT TO THE AWA FROM THE OWNER AUTHORIZING THE AGENT/APPLICANT TO ACT IN THEIR BEHALF.

In the event that unsuitable conditions (excavate or consolidated rock, water, etc.) or questionable material is encountered during excavation: stop work immediately and contact the AWA.

I hereby certify that I prepared this application and that the installation and maintenance will be done in accordance with the latest revision of Amador Water Agency's Standard Design And Construction Specifications For Conventional Wastewater Systems, and adopted rules and regulations. I understand that an incomplete wastewater service permit application will not be processed.

Owner or Authorized Agent Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Permit App., Fee, and Plot Plan Received (CS): _____ Date: _____

Fee Amount (CS): _____

Permit Application Reviewed by (ENG): _____ Date: _____

Initial Site Visit (WW / ENG): _____ Date: _____

All Inspections Completed (WW / ENG): _____ Date: _____

Maps Updated & Filed in Record (ENG & CS): _____ Date: _____

Previous EDUs Permitted: _____ # New EDUs Requested: _____ Total # EDUs Permitted: _____

Wastewater Permit Approved: _____ Date: _____



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Plot Plan

Applicant to Use This Area or Submit Separate Document Showing Plot Plan With Dimensions

FOR OFFICE USE ONLY

Wastewater Improvement System: _____

Inspections (if applicable)	Inspection Completed By:	Date
Tank Excavation / Sand:		
Tank set:		
Tank Leak Test:		
Test Pipe - Tank to House:		
Test Pipe - Tank / Pump to Service Connection:		
Test Pump / Alarm:		
Final Inspection (WW / ENG)		

Comments: _____

