

Briefly describe how wastewater will be collected and discharged to the sanitary sewer _____

Describe precisely where wastewater will be discharged to sanitary sewer (e.g., cleanout at SE corner of property) _____

Are any laboratory results available for a sample of this wastewater? _____
Describe _____

Signature _____ Date _____

PROVIDE ALL INFORMATION REQUESTED ABOVE
Space below is for CMSA use

- Approved as described
- Approved with the following conditions _____

- Not Approved
 - Can go to storm drainage (applicant should verify with Marin County Stormwater Pollution Prevention Program 499-6528)
 - Need to apply for CMSA permit, Class _____
 - Not in CMSA service area
 - Other _____

Approved / Not Approved by:

Name _____
Title _____
Signature _____
Date _____