



Information Submittal for Composting Toilet Installation and Operation

Date: _____

Composting Toilet Location: _____
Street Address Zip Code Block/lot

Property Owner	Name: _____ <small>Last First</small>
	Business Name/DBA: _____
	Address: _____ <small>Street Address City State Zip Code</small>

Primary Contact	Is the primary contact the same as the Property Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, complete this section)
	Name: _____ Title: _____ <small>Last First</small>
	Phone #: _____ Email: _____

Operator	Is the Operator <input type="checkbox"/> The Owner <input type="checkbox"/> The Primary Contact <input type="checkbox"/> Another Entity (complete this section)
	Name: _____ <small>Last First</small>
	Phone #: _____ Email: _____

Assessment of Need	Does property have traditional toilets onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, distance from composting toilet to nearest traditional bathroom _____ ft
	If no, distance from composting toilet to nearest sewer connection _____ ft
	distance from composting toilet to nearest water connection _____ ft
Please explain why composting toilet is needed:	

Users	Estimated Number of Daily Users: _____
	Estimated Number of Annual Users: _____
	Describe the type of users (i.e. members, residents, public):
	How was the number of daily users determined?

Specifications	Number of Compostable Toilets to be installed: _____
	Make and Model of Toilet(s): _____
	Daily Capacity per Toilet (uses per day): _____
	Annual Capacity per toilet (uses per year): _____
	Solids Storage: _____ gallons
	Liquids Storage: _____ gallons
Is product NSF/ANSI 41 certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Operations and Maintenance	Describe the type of ventilation and how odors and sewer gas generation are mitigated.
	Describe vector control system (i.e. flies, mosquitos, rodents).
	Describe how solids and liquids will be collected and disposed of.
	If proposing beneficial use of compost, please indicate the contact (treatment) time prior to use and the location of beneficial use.
	Describe overflow prevention and response procedures.
	Describe the monitoring plan for ensuring proper operations and maintenance (i.e. weekly visual inspections by owner, annual consultation with vendor, etc)
	Are user instructions needed for individuals to safely use the composting toilet? If yes, please detail the user outreach plan. Please provide a copy of the user instructions.

Please submit the following:

- 1) A site plan showing composting toilet location.
- 2) A copy of the compostable toilet manufacturers' specifications.
- 3) Provide a copy of the maintenance schedule for all components. For each activity, include the responsible party, contact information for the responsible party, the frequency of the activity and any certifications necessary to perform the activity. Activities shall include bathroom cleaning, liquids disposal, solids disposal, system maintenance, and others as required by the specific systems.

All materials should be submitted by email to **dph.nonpotable@sfdph.org**. SFDPH will acknowledge receipt and will record the installation in our files. SFDPH does not have specific oversight requirements for compostable toilets, however failure to properly operate and maintain a compostable toilet may lead to enforcement under Health Code Article 11 or other applicable laws and regulations.

Print Name

Signature