

PRIVATE SEWAGE DISPOSAL SYSTEM CERTIFICATION FORM

Applicant will complete the top two sections only. The remainder of the certification form will be completed, on both sides, by a licensed (A, C-36, or C-42) contractor or other qualified professional (R.P.E., C.E.G., R.E.H.S., NAWT, etc.). Use N/A where necessary. For additional information, please call 661-862-8740.

APPLICANT INFORMATION			BID #:
Property Owner:	Applicant Name:		
Property Address:			APN:
City:	State:	Zip:	Phone #:

PROPERTY INFORMATION			
Number of Units:	Number of Bedrooms:	Number of Bathrooms:	
Garbage Disposal: Y N	Property Vacant: Y N	How long?	Basement: Y N

SEPTIC TANK INFORMATION			
Tank Material:	Dimensions in feet (L x W x D):		
Type of Cover (specify):	Tank Capacity (gallons):	Number of Compartments:	
Age of Tank (yrs):	Date the tank was last pumped (mo/yr):	Disposal Area Age (yrs):	
Specify any damage or defects observed:			

TYPE OF DISPOSAL AREA			
Seepage Pit:	Leachlines:	Other (specify):	
Distance from Well:	ft.	Distance from Foundation:	ft.
Distance from Nearest Lot Line:	Front: ft.	Rear: ft.	Side: ft.
Specify any damage or defects observed:			

SEEPAGE PITS			
Number of Pits:	Outside Diameter:	ft.	Depth:
Depth of pit below inlet:	ft.	Lining Material (specify):	

LEACHLINES			
Number of Lines:	Trench Width:	in.	Average Length of Lines:
Total Absorbtion Area (Bottom of trenches):		sq ft.	Depth (Finish grade to top of line):
Distance between Lines:		ft.	Type of filter material beneath line:
Depth of material above line:	in.	Depth of material below line:	in.
			Leachlines Covered: Y N

Specify indications of previous system failures (odors, seepage, etc.). Attach additional paper if necessary:

HYDRAULIC TEST			
Dye Test: Y N	Hydraulic Test: Y N		
Length of Time Added (minimum 60 minutes):	mins.	Time to Return to Initial (maximum 30 minutes):	mins.
Liquid Level Rise:	in.	Number of gallons (minimum 300 gallons):	gallons
Notes:			

