



Existing On-Site Wastewater Treatment System Evaluation and Certification

Evaluation and certification shall be completed by a state licensed contractor (A, C-36, or C-42) or other qualified professional/service provider (P.E., P.G., R.E.H.S., etc.).

Applicant Information

Property Owner: _____ Address: _____
APN: _____
Email: _____ Phone Number: _____
Applicant Name: _____ Building Permit #: _____

Property Information

Number of Bedrooms: _____ Number of Bathrooms: _____
Number of Units: _____ Is Property Vacant? ☐ Yes ☐ No

Septic Tank Information

Tank Material: _____ Tank Capacity (gal.): _____
Tank Dimensions: Length: _____ ft Width: _____ ft Depth _____ ft
Condition of Tank: Inlet Tee Present? ☐ Yes ☐ No Effluent Filter Present? ☐ Yes ☐ No
Tank Structure Deteriorated? ☐ Yes ☐ No
Internal Baffle Wall Present? ☐ Yes ☐ No
D-Box Deteriorated? ☐ Yes ☐ No D-Box Level? ☐ Yes ☐ No
GPS Location of Septic Tank (in decimal degrees): _____ , _____

Disposal Area Information

Type of Leach Lines ☐ Perforated Pipe ☐ Chambers ☐ Other (specify): _____
Seepage Pit Present?: ☐ Yes ☐ No
Number of Lines: _____ Trench Width _____ in.
Length of Each Leach Line _____ ft
Distance between leach lines _____ ft.
Depth of Material Below leach line _____ in.

Specify evidence of any system failures (odors, seepage, etc.). Attach additional pages if necessary:

IMPORTANT: If the existing septic system does not have an approved permit issued by the Division, the approval of this document does not make the system compliant with county ordinance. This document serves solely to confirm the components, location, and condition of the existing septic system. It does not fulfill the requirement for an approved septic system permit.

In the space provided, show the location of the septic tank, disposal area and replacement area in relation to structures and other landmarks (i.e. pools, patios, storage sheds, pump houses, water wells, trees, driveways, parking, paving and property lines).

A full-page sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 10 units wide by 10 units high. There are no margins or additional markings on the page.

☐ Meets current code,
☐ Can be expected to function satisfactorily and is not likely to create any unsanitary conditions.

☐ Cannot be expected to function satisfactorily.

Type of License:	Reg. Number:	Expiration:
Business Address:		Date of Inseption:
☐ Electronic Signature Only By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.		