



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: _____ Date of Inspection: _____
 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 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.

