SAN BERNARDINO COUNTY
Public Health
Environmental Health Services

385 N Arrowhead Ave, 2nd floor, San Bernardino, CA 92415
Phone: 800.442.2283
Fax: 909.387.4323
wp.sbcounty.gov/dph/programs/ehs

PRIVATE SEWAGE DISPOSAL SYSTEM CERTIFICATION FORM

Applicant will complete the top two lines only. The remainder of the certification form will be completed, on both sides, by a licensed (A, B, or C-42) contractor or other qualified professional (R.P.E., C.E.G., R.E.H.S., etc.). Use N/A where necessary. For additional information, please call 1-800-442-2283.

APPLICANT INFORMATION	
Property Owner:	Applicant Name:
Property Address:	APN:

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: ft.
Depth of pit below inlet: ft.	Lining Material (specify):	
LEACHLINES		
Number of Lines:	Trench Width: in.	Average Length of Lines: ft.
Total Absorbtion Area (Bottom of trenches): sq ft.	Depth (Finish grade to top of line): in.	
Distance between Lines: ft.	Type of filter material beneath line: in.	
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:		

TANK & DISPOSAL AREA INFORMATION

In the space provided, show the location of the septic tank and disposal area in relation to the buildings and other landmarks (i.e. wells, trees, shrubs, driveways, parking, paving, drainage courses, and property lines).

It is the opinion of the certifier that this sewage disposal system (check all that apply):

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

OR

- ☐ Cannot be expected to function satisfactorily.

Type of License:	Reg. Number:	Expiration:
Address:		Date:
Name of Certifier:	Signature:	

OFFICE USE ONLY		
Reviewed By:		Date:
Approved:	Not Approved: Reason:	