385 N Arrowhead Ave, 2nd floor, San Bernardino, CA 92415
Phone: 800.442.2283
Fax: 909.387.4323

wp.sbcounty.gov/dph/programs/ehs

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) CERTIFICATION

Applicant will complete the top four lines only. Certification shall be completed by a state licensed contractor (A, B, C-36, or C-42) or other qualified professional/service provider (R.P.E., C.E.G., R.E.H.S., etc.). For more information, call 800-442-2283.

	THIS SECTION TO BE COM										
Property Owner:	Applicant Name:										
Property Address		Phone Number:									
	restaurant, apartment, warehouse, etc.):										
APN: Project Number:											
THI	S SECTION TO BE COMPLETED BY	STATE LICENSED CONTRACTOR									
COMMERCIAI	Types of Fixtures (per UPC; indicate type Complete the "Onsite Wastewater Treat	e and number of each) atment System Fixture Unit Worksheet" (Page 4).									
DEVELOPME		fluent Strength: Normal High Strength Weak									
	Type of OWTS: Conventional Adva	anced* Dimensions (LxWxD):X ft.									
	Effluent Filter: Yes No	Tank Capacity: gallons									
	Type of Cover (specify):										
	Depth of Cover: ft. in.	Number of Compartments:									
	Tank Function: Septic Treatment	Pump Vault Dosing Grease									
TANKS	Inspection Risers: Yes No	Risers Diameter:									
	Liquid Level in Tank: Normal at inlet level	Septage Levels: Scum:in									
	Below inlet level	Effluent:in									
	Above inlet level	Sludge:in									
	* Complete page 5 if using an advanced OW	TS system.									
	1 10										
	Does the system have a pumping station?	Yes No Complete the section below if "Yes".									
	Pump Vault Type: In Tank Vault Pump	p Station Vault Dosing Access: Yes No									
	Pump Vault Material: Concrete Pl	lastic Other:									
PUMP	Diameter: Floats:	Pass Needs Adjustment Fail									
STATION	Condition of Vault: Acceptable S	tructurally Unsound Infiltration Exfiltration									
	Pumps: Simplex Duplex Other:	Pumps Elevated: Yes No									
	Pumps Operation: Pass Fail	Pump Replaced Alarms: Yes No									
	High Water Alarm: Yes No Alarm	Notification: Telemetry Visual Audible									
	Type of Disposal Area: Seepage Pit	Leachlines Other:									
DISPERSAL	Distance from Well: ft.	Distance from Foundation: ft.									
SYSTEM	Distance from Nearest Lot Line: Front:	ft. Side: ft. Rear: ft.									
	Specify any Damage or Defects Observed:										

OWTS CERTIFICATION continued												
SEEPAGE	Number of Pits:	Outside	Diameter:		ft.	Depth:		ft.				
PITS	Depth of Pit Below Inlet:	ft.	Lining Materia									
	Depth of Liquid:	ft.	Access Riser:	Yes	3	No						
	Number of Lines:	Trench	n Width:		Avera	age Length o	f Lines:					
	Total Absorption Area (bottom of trenches): sq. ft. Depth (finish grade to top of line): in.											
	Distance Between Lines:	1	ft. Type of Filt	er Mate	rial Ber	neath Line:						
LEACHLINES	Depth of Material Above Li	ne: i	n. Depth of M	aterial B	eneath	ı Line:		in.				
	Specify Indications of Prev	ious Syst	tem Failures i.e.	, odors,	seepa	ge, etc. <i>(use</i>	additional	paper if				
	necessary):											
	Distribution Type: Di	rect Coni	nection B	OX	Manifo	old						
	Other:	1001 00111		<u> </u>	Warme							
	Material: Concrete	Plastic	Other:									
DISTRIBUTION	Condition: Pass [Damaged	Failed	Acces	s Riser	to Grade:	Yes	No				
	Observed Deficiencies:	Cracks		of Pond	ling	Roots	Sludge					
	Unlevel Water	Infiltratio			Ü		ŭ					
	1											
	Dye Test: Yes	No	Number of Gallo	ons (500	gallon	minimum):						
	Length of Time Added (60) min mir	nimum):		Liquid	Level Rise:		in.				
HYDRAULIC	Time to Return to Initial (3	30 min. m	ninimum):									
TEST	Comments (length of vac	ancy, irre	gularities, etc.):									

NOTE: ATTACH TEST RESULTS AND COPIES OF ANY BUILDING PERMITS.

ONSITE WASTEWATER TREATMENT SYSTEM AREA INFORMATION (REQUIRED)

In the space provided, show the location of the tank and disposal area in relation to the buildings and other landmarks (i.e. wells, trees, shrubs, driveways, parking, paving, drainage courses, property lines, etc.). Indicate if only a cesspool is present.

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It is the opinion of the certifier that this sewage disposal system:											
Meets current code.											
Can be expected to function satisfactorily and is not likely to create any unsanitary conditions.											
OR	OR										
Cannot be expected to function sa	Cannot be expected to function satisfactorily.										
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.											
Signature:		Date:	Phone Number:								
Type of License:	Reg. Number:	Expiration:									
Name and Address of Certifier:											
	For Office U	Jse Only									
Reviewed By: Date:											
Comments:											

ONSITE WASTEWATER TREATMENT SYSTEM FIXTURE UNIT WORKSHEET

This worksheet shall be used to determine the existing fixture unit count and the proposed fixture unit count for all planned alterations to existing structures. Floor plans may be required to confirm both existing and proposed conditions. When only proposing a new OWTS system, complete the proposed column (B) of the worksheet. The completed worksheet shall be certified by an RCE, REHS, RG, or an "A", "B", "C-42", "C-36" Contractors License.

Date:	File Index Number:
Applicant:	Address:
Worksheet Certified By (print name):	Worksheet Certified By (signature):
Applicable California State License or Registration Type:	State License or Registration Number and Expiration Date:
Number of Fixtures (existing):	Number of Fixtures (future):

Type of Plumbing Fixture	Existing Fixtures	+	Proposed Fixtures	+	Total Fixtures	x	Fixture Unit Value	=	Existing Fixture Unit	Future Fixture Unit
	"A"	+	"B"	+	"(A+B)"	х	"C"	=	"(A x C)"	"(A+B) x C"
Drinking Fountain		+		+		x	0.5	-		
Floor Drain		+		+		х	2	=		
Floor Drain (Emergency - i.e. in restrooms)		+		+		x	0	=		
Floor Sink (1.5" Trap)		+		+		х	3	=		
Floor Sink (2" Trap)		+		+		х	4	=		
Floor Sink (3" Trap)		+		+		х	6	=		
Floor Sink (4" Trap)		+		+		х	8	=		
3 Compartment Sink (Not including floor sink)		+		+		х	3	=		
Hand Sink		+		+		x	1	=		
Mop Sink		+		+		x	3	=		
Bar Sink		+		+		х	2	=		
Urinal		+		+		х	2	=		
Water Closet (Flush Toilet)		+		+		х	6	=		
Lavatory		+		+		х	1	=		
Other (CPC Table 702.1)		+		+		х		=		
Other (CPC Table 702.1)		+		+		х		II		

For more information review the current California Plumbing Code.

TOTAL EXISTING FIXTURE UNITS

TOTAL FUTURE FIXTURE UNITS

ALTERNATIVE TREATMENT SYSTEMS INFORMATION FORM

This form must be provided with pages 1-3 of the OWTS Certification form when an inspection is performed on an Alternative OWTS. Attach a copy of the last maintenance report provided by the service provider.

NOTE: ADVANCED OWTS WILL REQUIRE APPROVAL FROM SERVICE PROVIDER

Advanced Treatment Manufacturer:	Model:									
Advanced System Information: Secondary Treatment	Disinfection De-Nitrification									
Dimensions (LxWxD): x x ft.	Tank Capacity (gallons):									
Wastewater Tank (other than a septic tank): Yes	No									
Type of Tank: Treatment Holding Equalization	Dosing/Pumping									
System Functioning in Accordance to Design: Yes	No									
Does the System Have Controls? Yes No	Were the Controls Tested? Yes No									
Pumping Systems: Yes No	Pumping System Functional: Yes No									
Blower Operational: Yes No	Maintenance Required: Yes No									
Disinfection Unit: Yes No	Disinfection Unit Operational: Yes No									
Disinfection Unit Type: UV Chlorination/Dechl	orination Ozone									
Fixed Film Aerobic System Media Condition: Good	Poor Replaced N/A									
Media Filter System Condition of Media: Good	Poor Replaced N/A									
Spray System Condition: Good Poor Rep	paired Pressure Dosed: Yes No									
Service Provider:	Contract Expiration Date:									
Date of Last Maintenance:	Status of Last Maintenance:									
Specify any Damage or Defects Observed:										
I certify that, to the best of my knowledge and ability, the info	ormation above is correct.									
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.										
Signature:										
Print Name:	Inspection Date:									