

OWTS CERTIFICATION continued

SEEPAGE PITS	Number of Pits:	Outside Diameter:	ft.	Depth:	ft.
	Depth of Pit Below Inlet:	ft.	Lining Material (specify):		
	Depth of Liquid:	ft.	Access Riser:	Yes	No

LEACHLINES	Number of Lines:	Trench Width:	Average Length of Lines:		
	Total Absorption Area (bottom of trenches):		sq. ft.	Depth (finish grade to top of line):	in.
	Distance Between Lines:	ft.	Type of Filter Material Beneath Line:		
	Depth of Material Above Line:	in.	Depth of Material Beneath Line:		in.
	Specify Indications of Previous System Failures i.e., odors, seepage, etc. <i>(use additional paper if necessary)</i> :				

DISTRIBUTION	Distribution Type:	Direct Connection	Box	Manifold			
	Other:						
	Material:	Concrete	Plastic	Other:			
	Condition:	Pass	Damaged	Failed	Access Riser to Grade:	Yes	No
	Observed Deficiencies:	Cracks	Evidence of Ponding	Roots	Sludge		
	Unlevel	Water Infiltration					

HYDRAULIC TEST	Dye Test:	Yes	No	Number of Gallons (500 gallon minimum):
	Length of Time Added (60 min minimum):		Liquid Level Rise:	in.
	Time to Return to Initial (30 min. minimum):			
	Comments (length of vacancy, irregularities, etc.):			

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

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)"	x	"C"	=	"(A x C)"	"(A+B) x C"
Drinking Fountain		+		+		x	0.5	=		
Floor Drain		+		+		x	2	=		
Floor Drain (Emergency - i.e. in restrooms)		+		+		x	0	=		
Floor Sink (1.5" Trap)		+		+		x	3	=		
Floor Sink (2" Trap)		+		+		x	4	=		
Floor Sink (3" Trap)		+		+		x	6	=		
Floor Sink (4" Trap)		+		+		x	8	=		
3 Compartment Sink (Not including floor sink)		+		+		x	3	=		
Hand Sink		+		+		x	1	=		
Mop Sink		+		+		x	3	=		
Bar Sink		+		+		x	2	=		
Urinal		+		+		x	2	=		
Water Closet (Flush Toilet)		+		+		x	6	=		
Lavatory		+		+		x	1	=		
Other (CPC Table 702.1)		+		+		x		=		
Other (CPC Table 702.1)		+		+		x		=		

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/Dechlorination		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		Repaired	
						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 information above is correct.							
<p>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.</p>							
Signature:							
Print Name:				Inspection Date:			