County of Riverside Community Health Agency
Department of Environmental Health
4080 Lemon Street, 2nd Floor
P.O. Box 1206
Riverside, CA 92502
(951) 955-8980

1. Certification of Existing Subsurface Sewage Disposal System. Date of Inspection: _____

_____ _____
(Property Address) (Owner's Name)

_____
(Legal Description and APN)

FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH SERVICES APPROVAL.

2. Show design and location on a scale of 1" = 10' to 1" = 40' of the sewage disposal system and 100% expansion area in relation to attached dwellings, structures, wells, rocks, watercourses, etc. on required plot plan.

3. a. I examined the existing subsurface sewage disposal system at the above location on (date) _____ date and determined that the septic tank capacity is _____gallons and that there is _____sq. ft. of leachline bottom area. There are _____bedrooms in the dwelling. There are _____ fixture units.
   b. There are _____leachline(s), each _____ft. long.
   c. There are _____plastic chamber(s), each _____ft. long.
   d. There are _____seepage pit(s), each _____in diameter, _____ft. deep.
   e. The leach bed is _____ft. by _____ft., total _____sq. ft. of leachbed area.

4. a. Construction of septic tank (please check one of the following):
   ❑ concrete ❑ fiberglass ❑ steel ❑ other: _____

   b. Internal dimensions of septic (length _____ft., width_____, depth _____ft.)

   c. Condition of tank (please answer yes or no for each question):

	Yes	No
Inlet Tee present?	❑	❑
Outlet Tee present?	❑	❑
Two compartments?	❑	❑
Tank structure deteriorated?*	❑	❑

   *If yes, briefly explain and indicate appropriate correction suggested: _____

   d. Condition of D-Box (if needed) Level ❑ Yes ❑ No replaced ❑ Yes ❑ No
   full of septic effluent ❑ Yes ❑ No

5. a. While pumping the tank, did effluent flow back into tank from the absorption system? ❑ Yes ❑ No
   b. Prior to pumping, was the liquid level in the tank above the outlet tee? ❑ Yes ❑ No
   c. Was the area around the lids oxidized? ❑ Yes ❑ No
   d. Is design of system gravity feed? ❑ Yes ❑ No
   e. Were well(s) observed on this or adjacent property? ❑ Yes ❑ No

   If yes, indicate distance of well from: Septic Tank _____ ft.
   Leachlines _____ ft.
   Seepage Pits _____ ft.

   f. Distance from springs, lakes and natural drainage courses: (circle appropriate item) Septic Tank _____ ft.
   Leachlines _____ ft.
   Seepage Pits _____ ft.

   g. Sewer is within 200 ft. of system and abuts property line. ❑ Yes ❑ No

   ADDITIONAL COMMENTS: _____

   _____

   h. How long has dwelling been vacant? (if applicable) _____months _____weeks N/A ❑

6a. ❑ It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.

6b. ❑ It is my opinion that the system is not in good working order and will not function properly without the following repairs:

_____

I certify under penalty of perjury that the foregoing is true and correct:

_____
Signature C-42 State License Number Expiration Date

_____
Print Name Name of Pumper Company and Receipt Number/Name of Company Holding C-42 License

_____
Address Phone Number

The Department of Environmental Health has reviewed and approved this certification:

_____
Environmental Health Specialist Date