



Public Health
Environmental Health Services
PRIVATE SEWAGE DISPOSAL SYSTEM CERTIFICATION FORM

Applicant shall complete top 3 lines only. Certification shall be completed, on both sides, by a licensed contractor (A, B, or C-42) or other qualified professional (R.P.E., C.E.G., R.E.H.S., etc.) Use n/a where necessary. For information, please call 909-387-4666.

Property Owner:	Applicant Name:
Property Address:	APN:
Type of Project (Specify) TR, PM, CUP, DR, LUR, etc:	File Index Number:

Number of Units	Garbage Disposal Y <input type="checkbox"/> N <input type="checkbox"/>	Tank Last Pumped (mo. / yr.)
Bedrooms	Vacant Y <input type="checkbox"/> N <input type="checkbox"/> How Long (yrs.)	Tank Age (yrs.)
Bathrooms	Basement Y <input type="checkbox"/> N <input type="checkbox"/>	Disposal Area Age (yrs.)

Commercial Development	Type of Fixtures (per UPC) <i>Indicate type and number of each</i>	
	Total Number of Fixture Units <input type="checkbox"/>	Grease Interceptor <input type="checkbox"/> Clarifier <input type="checkbox"/> None <input type="checkbox"/>

Type of Septic Tank (Specify)	Dimensions (L x W x D) (ft.)	
Type of Cover (Specify)	Tank Capacity (Gallons)	No. of Compartments
Specify Any Damage or Defects Observed:		

Type of Disposal Area	Seepage Pit <input type="checkbox"/>	Leachlines <input type="checkbox"/>	Other <input type="checkbox"/> (Specify)
Distance From Well ft.	Distance from Foundation ft.	Distance from Nearest Lot Line <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear	
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 Absorption Area (sq. ft.) <i>Bottom of Trenches</i>		Depth (in.) <i>Finish Grade to Top of Line</i>
	Distance Between Lines (ft.)	Type of Filter Material Beneath Line (in.)	
	Depth of Material Above Line (in.)	Depth of Material Beneath Line (in.)	

Specify Indications of Previous System Failures (Odors, Seepage, etc.): <i>Use Additional paper if necessary</i>	
--	--

Dye Test Y <input type="checkbox"/> N <input type="checkbox"/>	Hydraulic Test Y <input type="checkbox"/> N <input type="checkbox"/>	NOTE: Attach test results and copies of building permits.
--	--	---

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, property lines).

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 Cannot be expected to function satisfactorily.

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

For DEHS Use Only

Reviewed By:	Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved - Reason