



COMMERCIAL ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) CERTIFICATION

Certification shall be completed by a state licensed contractor (A, C-36, or C-42) or other qualified professional/service provider such as: Registered Professional Engineer (R.P.E.), Certified Engineering Geologist (C.E.G.), Registered Environmental Health Specialist (R.E.H.S.), etc. For more information, call 800-442-2283.

APPLICANT INFORMATION	
Property Owner:	Applicant Name:
Property Address:	Phone Number:
Mailing Address:	Email:
Type of Facility (<i>restaurant, apartment, warehouse, etc.</i>):	
APN:	Project Number:

OWTS INFORMATION	
COMMERCIAL DEVELOPMENT	Types of Fixtures (<i>per CPC; indicate type and number of each</i>) Complete the "Onsite Wastewater Treatment System Fixture Unit Worksheet" (Page 4).
	Total Number of Fixture Units: Influent Strength: Normal High Strength Weak

TANKS	Type of OWTS: Conventional Advanced*	Dimensions (LxWxD): X 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	
	Inspection Risers: Yes No	Risers Diameter:
	Liquid Level in Tank: Normal at inlet level Below inlet level Above inlet level	Septage Levels: Scum: in Effluent: in Sludge: in
	* Complete page 5 if using an advanced OWTS system.	

PUMP STATION	Does the system have a pumping station? Yes No Complete the section below if "Yes".	
	Pump Vault Type: In Tank Vault Pump Station Vault Dosing Access: Yes No	
	Pump Vault Material: Concrete Plastic Other:	
	Diameter:	Floats: Pass Needs Adjustment Fail
	Condition of Vault: Acceptable Structurally 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

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 a Registered Civil Engineer (R.C.E.), R.E.H.S, Registered Geologist (R.G.), or an "A", "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 (Does not count 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		=		

For more information review the current California Plumbing Code.

TOTAL EXISTING FIXTURE UNITS

TOTAL FUTURE FIXTURE UNITS

ALTERNATIVE TREATMENT SYSTEM INFORMATION FORM

This page is only required for OWTS with Alternative or Advanced Treatment Systems. 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:
EHS Permit Number:	
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
System Controls: Yes No	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:	
<p>Indemnification – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.</p>	
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:

