385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: EHS.CustomerService@dph.sbcounty.gov

Website: ehs.sbcounty.gov Text/Call: 800.442.2283 Fax: 909.387.4323

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:				nt Name	:											
Property Address	s:				Phone Number:											
Mailing Address:					Email:											
Type of Facility (resta	urant, apartme	ent, wareho	use, etc	c.):											
APN:				Number:												
			(OWTS	INFOR	MATIC	ON									
COMMERCIA	I	Types of Fixtu														
DEVELOPME		Complete the														
		Total Number	of Fixture	Units:	Infl	uent St	rength:	N	ormal	High Stren	gth	Weak				
	т	a of OM/TO:	0	:1	Λ -Ι		D:		(L) (V D.)	X	Х	£1				
		e of OWTS: uent Filter:	Convent Yes	ionai		nced*			(LxWxD):			ft.				
					No		Tank C	арас	ily:	gallo	ons					
		e of Cover (sp	• ,				N1		2	4 -						
	_ '	oth of Cover:	ft.		in.		L		Compartm							
TANKS		nk Function:	Septic	<u> </u>	eatment	P	ump Vault Dosing Grease									
IANNS		pection Risers:			No			Risers Diameter: Septage Levels:								
	Liq	uid Level in Ta Normal at inle					Septage Scum:	e Le	veis: in							
		Below inlet lev					Effluent	t:	in							
		Above inlet le					Sludge		in							
	* C	omplete page	5 if using a	n advar	nced OW1	TS syste										
		ompioto pago	o ii doirig d	ii aavai	1004 011	o oyou	5111.									
	Doe	es the system	have a pun	npina st	ation?	Yes	No	Cor	nplete the	section bel	ow if "Ye	es".				
		np Vault Type:				Station	ı Vault		osing	Access:	Yes	No				
	Pur	np Vault Mate	rial: C	oncrete	Pla	astic	0	ther:								
PUMP	Dia	meter:			Floats:	Pa	ISS	Nee	eds Adjust	ment	Fail					
STATION	Cor	ndition of Vault	: Acc	eptable	Stı	ructural	ly Unsou	nd	Infilt	ration	Exfiltration					
	Pur	nps: Simple	ex Dup	lex	Other:				Pumps E	Elevated:	Yes	No				
		nps Operation			Fail	Pump	Replace	ed		Alarms:	Yes	No				
	Hig	h Water Alarm	Alarm N	lotificati	ion:	Те	lemetry	Visual	l Audible							
L					1											

	OWTO INFORMATION
	OWTS INFORMATION, CONTINUED
	Type of Disposal Area: Seepage Pit Leachlines Other:
	Distance from Well: ft. Distance from Foundation: ft.
DISPERSAL	Distance from Nearest Lot Line: Front: ft. Side: ft. Rear: ft.
SYSTEM	Specify any Damage or Defects Observed:
CEEDACE	Number of Pits: Outside Diameter: ft. Depth: ft.
SEEPAGE	Depth of Pit Below Inlet: ft. Lining Material (specify):
PITS	Depth of Liquid: ft. Access Riser: Yes No
	Dopart of Engana. 16. 700000 Fittor. 100
	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.
	·
LEACHLINES	Plastic Leaching Chambers Bundled Expanded Polystyrene Synthetic Aggregate Units Specify Indications of Previous System Failures i.e., odors, seepage, etc. (use additional paper if
	necessary):
	Distribution Type: Direct Connection Box Manifold Other:
DIOTRIBUTION	Material: Concrete Plastic Other:
DISTRIBUTION	Condition: Pass Damaged Failed Access Riser to Grade: Yes No
	Observed Deficiencies: Cracks Evidence of Ponding Roots Sludge Unlevel Water Infiltration
	Unicyci wyatei iiliilialioii
	Dye Test: Yes No Number of Gallons (500 gallon minimum):
	Length of Time Added (60 minute minimum): Liquid Level Rise: in.
	Time to Return to Initial (30 minute minimum):
HYDRAULIC	Comments (length of vacancy, irregularities, etc.):
TEST	

NOTE: PLEASE 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 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		+		+		х	2	=		
Floor Drain (Emergency - i.e. in restrooms)		+		+		x	0	=		
Floor Sink (1.5" Trap)		+		+		x	3	=		
Floor Sink (2" Trap)		+		+		х	4	=		
Floor Sink (3" Trap)		+		+		х	6	=		
Floor Sink (4" Trap)		+		+		х	8	=		
3 Compartment Sink (Does not count floor sink)		+		+		х	3	=		
Hand Sink		+		+		x	1	=		
Mop Sink		+		+		х	3	=		
Bar Sink		+		+		х	2			
Urinal		+		+		х	2	=		
Water Closet (Flush Toilet)		+		+		х	6	=		
Lavatory		+		+		х	1	=		
Ø[[åÁÚ¦^] ÁĴĄ \		+		+		х	3	=		
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/Dech	lorination 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:										
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.										
I certify that, to the best of my knowledge and ability, the inf										
	nfirm I am submitting this application electronically and that icknowledge that I have read, understand and accept any									
terms and conditions of this form.	isino mougo triat i mavo roda, amaorotama ana abbopt arry									
Signature:										
Print Name:	Inspection Date:									

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												
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	lse Only										
PE:	Record ID:		FA Number:									
Reviewed By:	Date:	Fee:		Late Fee:	Υ	N						
Comments:	·											