



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980
47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

Property Information: APN: Date of Inspection:

1. Owner: Address: City:

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

2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.

- 3. a. I examined existing subsurface sewage disposal system at the above location on and determined that the tank capacity is gallons and that there is sq. ft. of leach line bottom area. There are bedrooms in the dwelling and there are fixture units.
b. There are leach line(s), each ft. long Depth ft. Rock Plastic Chamber
c. There are Seepage pit(s), each ft. in diameter, and ft. TD. ft. Bl.
d. The leach bed is ft. by ft., total sq. ft. of leached area. Depth is ft.

- 4. a. Construction of septic tank (Please check one of the following): Concrete Fiberglass Steel Other:
b. Internal dimensions of septic: Length ft. Width ft. Depth ft.
c. Condition of tank (please check yes or no for each question): Inlet Tee present? Yes No
Tank Structure deteriorated? Yes No Outlet Tee present? Yes No
Effluent Filter Present? Yes No Two compartments? Yes No
d. Condition of D-Box: Level? Yes No Replaced? Yes No

- 5. a. While pumping the tank, did effluent flow back into tank from 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. Leach lines ft. Seepage Pits ft.
f. Distance from springs, lakes, and natural water courses (check all that apply):
Septic Tank ft. Leach lines ft. Seepage Pits ft.
g. Is sewer within 200 ft. of structure and abuts property line? Yes No

Additional Comments:

h. How long has dwelling been vacant? (if applicable) months weeks N/A

- 6. a. 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.
b. 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: Print Name:

Contractor License No.: Expiration Date:

Pumper Co.: Phone Number:

Address: City: Zip: