



COUNTY OF RIVERSIDE
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

- 4080 Lemon Street • 10th Floor • 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...
3. a. I examined existing subsurface sewage disposal system...
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? Tank Structure deteriorated? Effluent Filter Present?
d. Condition of D-Box: Level? Replaced?
e. GPS location of septic tank (in decimal degrees) Latitude, Longitude
5. a. While pumping the tank, did effluent flow back into tank from absorption system?
b. Prior to pumping, was the liquid level in the tank above the outlet tee?
c. Was the area around the lids oxidized?
d. Is design of system gravity feed?
e. Were well(s) observed on this or adjacent property?
f. Distance from springs, lakes, and natural water courses (check all that apply):
g. Is sewer within 200 ft. of structure and abuts property line?
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...
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: