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

Website: wp.sbcounty.gov/dph/ehs

Text/Call: 800.442.2283 Fax: 909.387.4323

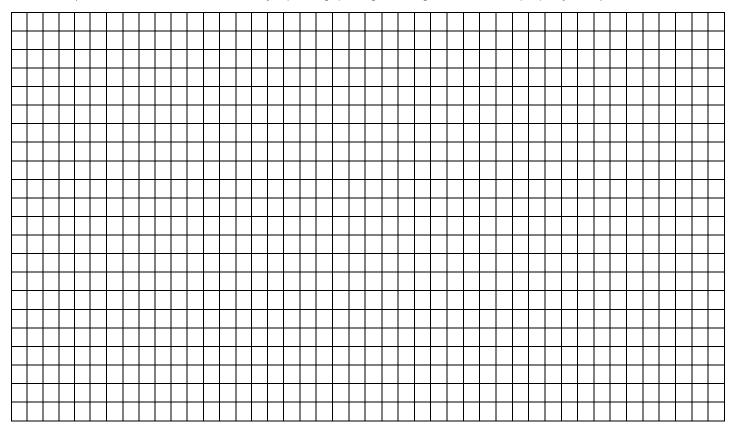
RESIDENTIAL ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) CERTIFICATION FORM

Certification shall be completed by a state licensed contractor (A, C-36, or C-42) or other qualified professional/service provider (P.E., C.E.G., R.E.H.S., etc.). For more information, call or text 800-442-2283.

Property Owner:	APPLICANT INFORMATION						
Phone Number: APN: Email:	Property Owner:	Applicant Name:					
Building Permit Number (if applicable): PROPERTY INFORMATION	Property Address:						
Number of Units: Number of Bedrooms: Number of Bathrooms: Garbage Disposal: Y N Residence Vacant: Y N How long? Basement: Y N SEPTIC TANK INFORMATION Tank Material: Dimensions in Feet (L x W x D): Type of Cover (specify): Tank Capacity (gallons): Number of Compartments: Age of Tank: Date the tank was last pumped (mo/yr): Disposal Area Age: Specify any damage or defects observed: TYPE OF DISPOSAL AREA	Phone Number: APN:	Email:					
Number of Units: Number of Bedrooms: Number of Bathrooms: Sarbage Disposal: Y N Residence Vacant: Y N How long? Basement: Y N N Now long? Sarbage Disposal	Building Permit Number (if applicable):						
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HYDRAULIC TEST							
Dye Test: Y N Hydraulic Test: Y N	Dye Test: Y N	Hydraulic Test: Y N					
Length of Time Added (minimum 60 minutes): mins. Time to Return to Initial (maximum 30 minutes): mins.	Length of Time Added (minimum 60 minutes): mins.	Time to Return to Initial (maximum 30 minute	es): mins.				
Liquid Level Rise: in. Number of Gallons (minimum 300 gallons): gallons	•	Number of Gallons (minimum 300 gallons):	gallons				
Notes:	Notes:						

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, and property lines).



It is the opinion	of the certifier	that this sewar	ne disposal	system (check	(all that apply)

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.

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.

Type of License:		Reg. Number:		Expiration:						
Address:				Date:						
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.										
Name of Certifier:		Signature:								
OFFICE USE ONLY										
Reviewed By: Date:			Fee:	Late Fee:	Y N					
PE:	Record ID:		Effective Design R	ate: Y	N					
Approved: Y N	ason (if not approved):									