

SYSTEM EVALUATION FORM

Environmental Health Division
Onsite Wastewater Treatment Program
 5050 Commerce Drive, Baldwin Park, CA 91706
publichealth.lacounty.gov/eh | (626) 430-5380

For Existing Onsite Wastewater Treatment Systems / Nonconventional Onsite Wastewater Treatment Systems

Refer to the County of Los Angeles Department of Public Health **Guide for Completing a System Evaluation** for instructions on completing this form.

SITE INFORMATION

Site Location	NUMBER	STREET NAME	CITY	ZIP CODE	
APN		System Type	OWTS	NOWTS	Cesspool*
Type of Occupancy Served by System	<i>Single Family Residence</i>	<i>Multiple Family Residence</i>	<i>Industrial / Commercial</i>	<i>Restaurant / Food Market</i>	
Is public sewer available within 200 ft. of the building or the proposed building?			YES	NO	
Does this system have a Waste Discharge Permit (WDR) from the Los Angeles or Lahontan Regional Water Quality Control Board?			YES	NO	
Is this system within 600 ft. of an Impaired Water Body with current Total Maximum Daily Loads (TMDLs)?			YES	NO	
Reason for Evaluation					

The CA State OWTS Policy does not allow cesspools to be managed by a local agency. Cesspool usage is regulated by the Regional Water Quality Control Boards (RWQCB). The RWQCBs will allow the continued use of cesspools at Single Family Residences until:

- the cesspool fails and must be replaced.
- there is evidence that the cesspool is contaminating groundwater or surface water; or
- an increase of wastewater flow due to the addition of bedroom/bedroom equivalent.

Cesspool Observation	<i>Good Working Condition</i>	<i>Failed</i>	Will this Cesspool be converted into a Seepage Pit**?	YES	NO
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If yes, please submit an OWTS Review Service Request Application to this Department prior to converting any cesspools into seepage pits.

*Cesspool – means an excavation with permeable sides and/or bottom that directly receives sewage, wastewater, or drainage and is designated to retain organic matter or solids but permits liquids to seep through the bottom or sides.

**Seepage Pit – means an excavation with permeable sides and/or bottom that receives sewage, wastewater, or drainage after a period of retention in a septic tank where organic matter and solids settle.



PROPERTY OWNER INFORMATION

Property Owner's Name	
Property Owner's Mailing Address	
Property Owner's Phone Number	
Property Owner's Email Address	

CONTRACTOR / TECHNICIAN INFORMATION

Contractor's Name			
Contractor License #		Contractor's Qualification	Class A Class C-36 Class C-42
Contractor's Phone Number			
Contractor's Email Address			
Name of Technician Performing Evaluation		Date of Evaluation	

Overall System Evaluation

Attach all prior approvals/permits to the System Evaluation Form. If prior approvals/permits are not available, provide a plot plan with detailed measurements and system information.

Is there a record of approval for the system as built?	YES	NO	Age of System / Plan Approval date / Installation date		
Number of Bedrooms + Bedroom Equivalents			Number of Units Connected to the Existing Septic System (Main house, ADU, pool house, etc.)		
Maximum Fixture Units Served (For commercial property only)					
Date of Last Service / Pump (Provide Pumping Records for previous 12 months)					
Structure Occupied at Time of Inspection?	YES	NO	If not, how long has the structure been vacant? How was a wastewater load placed on the system to allow an accurate evaluation?		
Evidence of Leaking Plumbing Fixtures?	YES	NO	100% Future Expansion Area – Designated and Tested	YES	NO
			100% Future Expansion Area – was already installed and in use	YES	NO

Overall System Evaluation (continued)

Setback Measurements (Please provide the minimum horizontal distance or mark N/A when a field is not applicable):			
Buildings / Structures	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT
Retaining Wall	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT
Nearest Property Line	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT
Underground Structure / Pool	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT
Private Water Supply Wells	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT
Trees Specify Type: _____	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT
Streams, Springs, and Rivers	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT
Other: _____	Septic Tank _____ FT	Leach Lines _____ FT	Seepage Pits _____ FT

NOWTS – System and Annual Maintenance Information

System Manufacturer			Model Name / Number	
Disinfection Unit Type	<i>Ultraviolet</i>	<i>Chlorination / Dichlorination</i>	<i>Ozonation</i>	
Does this system have an active maintenance contract?	YES	NO	Date of Last Maintenance Inspection	
Annual Maintenance Provider (MP)			Contract Expiration Date	
MP Email Address			MP Phone	

TANK EVALUATION - add a tank evaluation form for each tank present.

DESCRIPTION OF TANK AND TANK FUNCTION						
Function	<i>Septic</i>	<i>Treatment</i>	<i>Pump Vault</i>	<i>Dosing</i>	<i>Holding</i>	<i>Other</i> Please specify: _____
Material	<i>Concrete</i>	<i>Fiberglass</i>	<i>Plastic</i>	<i>Metal</i>	<i>Other</i> Please specify: _____	

Number of Chambers	<i>Single</i>	<i>Dual</i>	<i>Other</i> _____		Depth of Risers and/or Covers			
Tank Capacity (In Gallons)			Depth of Soil Covering Tank			Evidence of Tank Overflow	YES	NO
Appearance of Influent / Biochemical Oxygen Demand			<i>Light</i>	<i>Medium</i>	<i>High</i>	Tank Pumped for Inspection?	YES	NO
Effluent Filter Installed?	YES	NO	Sludge Depth			Scum Depth		
Did Effluent Flow from the Dispersal System into the Tank During Pumping?							YES	NO
Observed Deficiencies	<i>Roots</i>	<i>Cracks/ Holes</i>	<i>Evidence of Ponding</i>	<i>Water Infiltration</i>	<i>Other</i> _____			
Can effluent leave the tank at a location other than where intended?							YES	NO
TANK MEASUREMENTS								
Internal Tank Measurements	<i>Length</i> _____ FT		<i>Width</i> _____ FT		<i>Depth</i> _____ FT			
External Tank Measurements	<i>Length</i> _____ FT		<i>Width</i> _____ FT		<i>Depth</i> _____ FT			
Description of How Measurements were Obtained								
Pump / Pump Station - Does the System have a Pumping Station? YES NO <i>If yes, please complete the section below.</i>								
Pump Vault Type	<i>In Tank Vault</i>	<i>Pump Station</i>	<i>Vault Dosing</i>	Able to Access?	YES	NO		
Pump Vault Material	<i>Concrete</i>	<i>Plastic</i>	<i>Other</i> _____	Pumps Elevated?	YES	NO		
Pump Vault Measurements	<i>Length</i> _____ FT		<i>Width</i> _____ FT		<i>Depth</i> _____ FT			
Floats	<i>Pass</i>	<i>Needs Adjustment</i>	<i>Fail</i>	Pump Station Compartment	<i>Simplex</i>	<i>Duplex</i>	<i>Other</i> _____	
Condition of Vault	<i>Acceptable</i>		<i>Structurally Unsound</i>		Pump Operation	<i>Pass</i>	<i>Fail</i>	
Alarm / Telemetry System - Does the System have an Alarm / Telemetry System? YES NO <i>If yes, please complete the section below.</i>								
Alarm Notification	<i>Telemetry</i>	<i>Visual</i>	<i>Audible</i>	High Water Alarm		YES	NO	
Were the Controls Tested?		YES	NO	Alarms Replaced?		YES	NO	
Overall Tank Observation: PASS REPAIR REPLACE								

EVALUATION OF SYSTEM COMPONENTS

Component	In Good/Poor Condition	Repaired / Replaced	N/A	Component	In Good/Poor or Condition	Repaired / Replaced	N/A
Inlet				Covers/ Locking Covers			
Outlet				Media Filter			
Baffle				Plumbing Lines			
Risers				Diverter Valves			
Effluent Filter				Other:			

DISPERSAL SYSTEM TYPE AND DIMENSIONS

Dispersal System Type	<i>Leach Lines</i>		<i>Seepage Pits</i>		<i>Other</i>			
Hydraulic Performance Test Performed	YES	NO	<i>If yes, provide results:</i>					
Dispersal Area – Breakout?	YES	NO	Dispersal Area – Wetness?	YES	NO	Dispersal Area – Odors?	YES	NO
Leach Lines								
Number of Leach Lines	Leach Line Measurements		Length _____ FT	Width _____ FT	Depth _____ FT			
Leach Field								
Square Feet of Leach Field	Leach Field Measurements		Length _____ FT	Width _____ FT	Depth _____ FT			
Seepage Pits								
Number of Seepage Pits	Seepage Pit Measurements		Cap Depth _____ FT	Width _____ FT	Depth _____ FT			
Describe Condition of Lid								
Access Riser	YES	NO	Impermeable Surface Over Area	YES	NO	Observation of Water in Ports	YES	NO
Depth of Remaining Effective Sidewall				Hydraulic Performance Test Performed			YES	NO

Other Dispersal System Types

Provide a description of the Dispersal System. Include specific measurements and capacity.

DISPERSAL SYSTEM EVALUATION

For All Dispersal Systems					
Does this Dispersal System Need Repairs?	YES	NO	Does this Dispersal System Need Replacement?	YES	NO
<i>If YES was marked for repairs, proof of the repair is required.</i>			<i>Please note – Replacement of Dispersal Systems requires Plan Submission to the Department.</i>		
Impermeable Surface Over Area	YES	NO	Observation of Water in Ports	YES	NO
Evidence of Surface Discharge / Daylighting	YES	NO	Evidence of Storm Water Ponding	YES	NO
Soil Conditions – Describe Degree of Saturation					
Describe and Specify any Damages or Defects					
Distribution Box	<i>Describe the Condition of the Distribution Box:</i>		<i>Describe the Water Level of inside the Distribution Box:</i>		
Leach Lines / Leach Fields					
Is the soil dry over the Leach Field or Leach Lines?	YES	NO	Provide any additional observations		
Briefly Describe Liquid Level Observed inside Leach Line					
Accumulation of Organic Material in Perforated Pipes Gravel Seepage Pit	YES	NO			
Seepage Pits					
Evidence of Overflow from Seepage Pit	YES	NO	Evidence of Staining on the interior of Seepage Pit Walls	YES	NO
Evidence of Standing Water in Seepage Pit	YES	NO	<i>If yes, provide depth of standing water and describe how the measurement was obtained.</i>		
Overall Dispersal Area Observation: PASS REPAIR REPLACE					

OVERALL COMMENTS / STATEMENT OF CONDITION

Please provide any additional observations collected during this evaluation. Justify any and all corrective actions required.

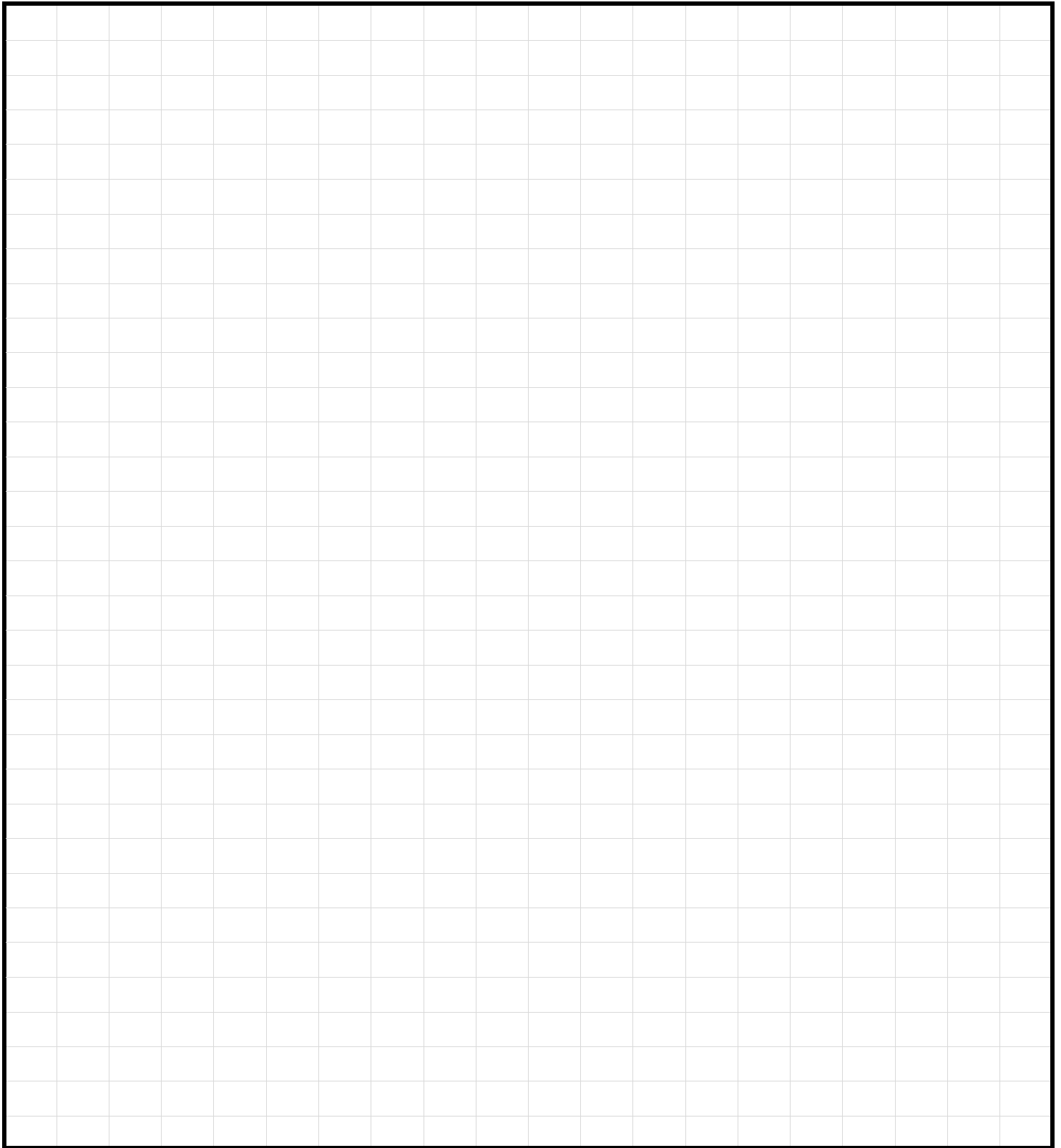
OVERALL SYSTEM EVALUATION / CERTIFICATION STATEMENT

It is the opinion of the evaluator that this OWTS/NOWTS:	PASSES	FAILS
<p><u>CERTIFICATION STATEMENT</u></p> <p><i>I certify that I have personally inspected the OWTS/NOWTS at this address and that the information reported on the evaluation is true, accurate, and complete at the time of the inspection indicated on this form. The inspection was performed based on my training and experience in the proper function and maintenance of OWTS/NOWTS.</i></p>		
Evaluator's Name (Printed)	Evaluator's Signature	Date



ONSITE WASTEWATER TREATMENT SYSTEM PLOT PLAN

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 all locations of cesspool(s) on property.

A large, empty grid area intended for the user to draw the onsite wastewater treatment system plot plan. The grid consists of small squares and is bounded by a thick black line.