



**TULARE COUNTY
HEALTH & HUMAN SERVICES AGENCY**

Timothy W. Lutz, MBA
Agency Director

Nilsa Gonzalez • Public Health Branch Deputy Director • Environmental Health Director

CERTIFICATION OF EXISTING SUBSURFACE SEWAGE DISPOSAL SYSTEM

Owner Name (First, MI, Last):	Assessors parcel number (APN):	Date:
Site Address (No., Street):	City:	Zip:

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

<p>A) Property Information: Structure served by septic system: _____ _____ Number of bedrooms in this structure: _____ Are other structures (2nd residence, workshop, etc) also connected to this septic system? Y N If so, number of bedrooms/fixtures in other structures: _____</p>	<p>B) Septic tank information: Size of tank (gallons): _____ Material : <input type="checkbox"/> concrete <input type="checkbox"/> fiberglass <input type="checkbox"/> Polyplastic <input type="checkbox"/> other Tank structure damaged/deteriorated ? Y N Inlet & outlet tees present? Y N Effluent filter present? Y N Number of compartments in tank: _____</p>
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C) Dispersal field information – provide information about the type of existing leachfield:

<p>1) <i>Pipe & gravel leachlines:</i> Number of lines: _____ Trench width: _____ Trench length(s): _____ Gravel depth under pipes: _____</p>	<p>2) <i>Chamber/infiltrator trenches:</i> Number of lines: _____ Trench width: _____ Trench length(s): _____ Chamber type/model: _____ _____</p>	<p>3) <i>Seepage pit / leach bed:</i> Number of pits _____ Pit width _____/ Pit depth _____ Number of beds: _____ Bed width _____/Bed length _____ Bed depth _____</p>
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Check this box if unable to determine leachfield configuration (provide additional comments; see next page)

D) Distribution Box (Choose One): Concrete Fiberglass Other: _____ | No D-box

a. D-box level? Y | N

b. Ports clear/open? Y | N

E) Pump system? Y | N Pump tank size(gallons): _____ Pump functional: Y | N

F) Water Well on Property? Y | N If yes - Distance from: a) septic tank: _____ b) Leach field: _____

G) Complete Site plan – see next page

- It is in my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance.
- It is in my opinion that the system is NOT in good working order and will not function properly without repairs.

I hereby certify that to the best of my knowledge and belief the statements made herein are true and correct.

Signature: _____ / _____ Date: _____

State License No.: Class A, B, C-36 or C-42

Office Use Only: Approved by: _____ (REHS) Date: _____



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CERTIFICATION – SITE PLAN

Indicate the following site features:

- Location of the inspected sewage disposal system
- Map orientation (north arrow)
- Location of structures served by system (house, office, etc.)
- Nearby roads

H) Additional Comments: