



Monterey County Environmental Health Bureau

Environmental Health Review Services
1270 Natividad Road, Salinas, CA 93906
(831) 755-4507

Conventional Onsite Wastewater Treatment System Performance Evaluation

Street Address: _____ APN: _____

City: _____ Date: _____ Time: _____ am/pm

Owner: _____

Phone: _____ Fax: _____

Email: _____

Reason for Inspection: _____

Homeowner Questionnaire:

Age of wastewater treatment system (years): _____

How many years have you owned the home? _____

The following are connected to the onsite wastewater treatment system:
 Water softener Garbage disposal Spa Tub Leaking Fixtures in home

In-home business: Yes No Type: _____

Number of people occupying dwelling: Currently: _____ Anticipated: _____

If currently unoccupied, for how long has it been vacant? _____ (Months)

Current number of bedrooms in dwelling: _____

Has there ever been a backup in the house? Yes No Date: _____

List any known repairs made to the system: _____

Has the system recently been inspected by others? Yes No

 If so, who? _____

 Did it fail? Yes No

Is there a service contract for system components? Yes No

Company: _____

Date the tank last pumped: _____ Never to my knowledge

At what frequency? _____ Company: _____

Additional Comments: _____

The above information is true to the best of my knowledge.

Owner Signature _____ Date _____

OWTS Inspector to Fill out Remaining Form

System Type

System is: Conventional: Gravity feed Pump System

Pre-treatment Unit Installed* Manufacturer:

*Complete specific manufacture inspection report for the pre-treatment installed.

Tank Inspection (*Observations prior to pumping the tank*)

Tank Material: Concrete Fiberglass Plastic Redwood

Tank Manufacturer:

Tank Capacity:

Lids at Grade? Yes No If No, How deep is lid buried?

Risers on Tank? Yes No Evidence of infiltration in Risers? Yes No

Lids Secure? Yes No Lids in acceptable Condition? Yes No

Can surface water infiltrate into the tank? Yes No

Any indicators of previous failure? Yes No

If Yes, explain:

Liquid Level Relative to Outlet (in): At Above Below

Evidence liquid level has been higher? Yes No

Continuous inflow observed? Yes No

Source: Groundwater Leaking Fixtures

Presence of flocculant in clear zone Yes No

Evaluation of layers in the tank:

Compartment	Scum Depth (in)	Scum Color	Clear Zone (in)	Clear Zone Color	Sludge Depth (in)	Sludge Color	Odor	Other
Inlet								
Outlet								

Comments:

Tank Pumping

Gallons Pumped out:

Effluent Filter Installed? Yes No Functioning Properly? Yes No

Effluent Filter Cleaned? Yes No Percent plugged?

Baffle in Place? Yes No Baffle structurally sound? Yes No

Tank appears to be watertight

(no visual leaks) Yes No Rebar exposed? Yes No

Corrosion present? Yes No Cracks present? Yes No

Root Intrusion? Yes No Fracture/Flaking? Yes No

Non-Concrete – Concaved/Bulging or other indication of structural failure? Yes No

Comments:

Pump Tank

Does the system contain a dosing or pump tank? Yes No

Type of pump: Ejector Pump Grinder Pump

Tank integrity sound (free of cracks, infiltration. etc.)? Yes No

Is the pump elevated off the bottom of the chamber? Yes No

Does the pump work? Yes No

If there is a check valve, is a purge hole present? Yes No

Is there a high water alarm? Yes No

Does the alarm work? Yes No

Estimated gallons between pump on and high water alarm:

Do electrical connections appear satisfactory? Yes No

Did you remove solids from the pump tank? Yes No

Comments:

Dispersal System

Dispersal System is: Trench Seepage Pit Gravel-less Chambers Drip Disposal

Other:

Dispersal System Location:

Installation Map Snaked and Located Probed onsite Unknown* (Comment required)

Is there: Comment required for Yes

Any indication of a previous failure? Yes No

Seepage visible in the disposal area? Yes No

Lush vegetation present? Yes No

Ponding water in the distribution media? Yes No

Uneven distribution of effluent in the field? Yes No

Odors present? Yes No

Determine approximate distance between water well and soil treatment area.

Approximate distance is (feet):

Comments:

Hydraulic Load Test Performed Yes No

Flow Rate (gpm): Minutes test run: Total Gallons:

Bladder-type device used Water added to outlet chamber of tank prior to pumping

Was backflow into the tank from the outlet pipe observed? Yes No

Estimate of water backflow after test:

After test was seepage present in the dispersal area? Yes No

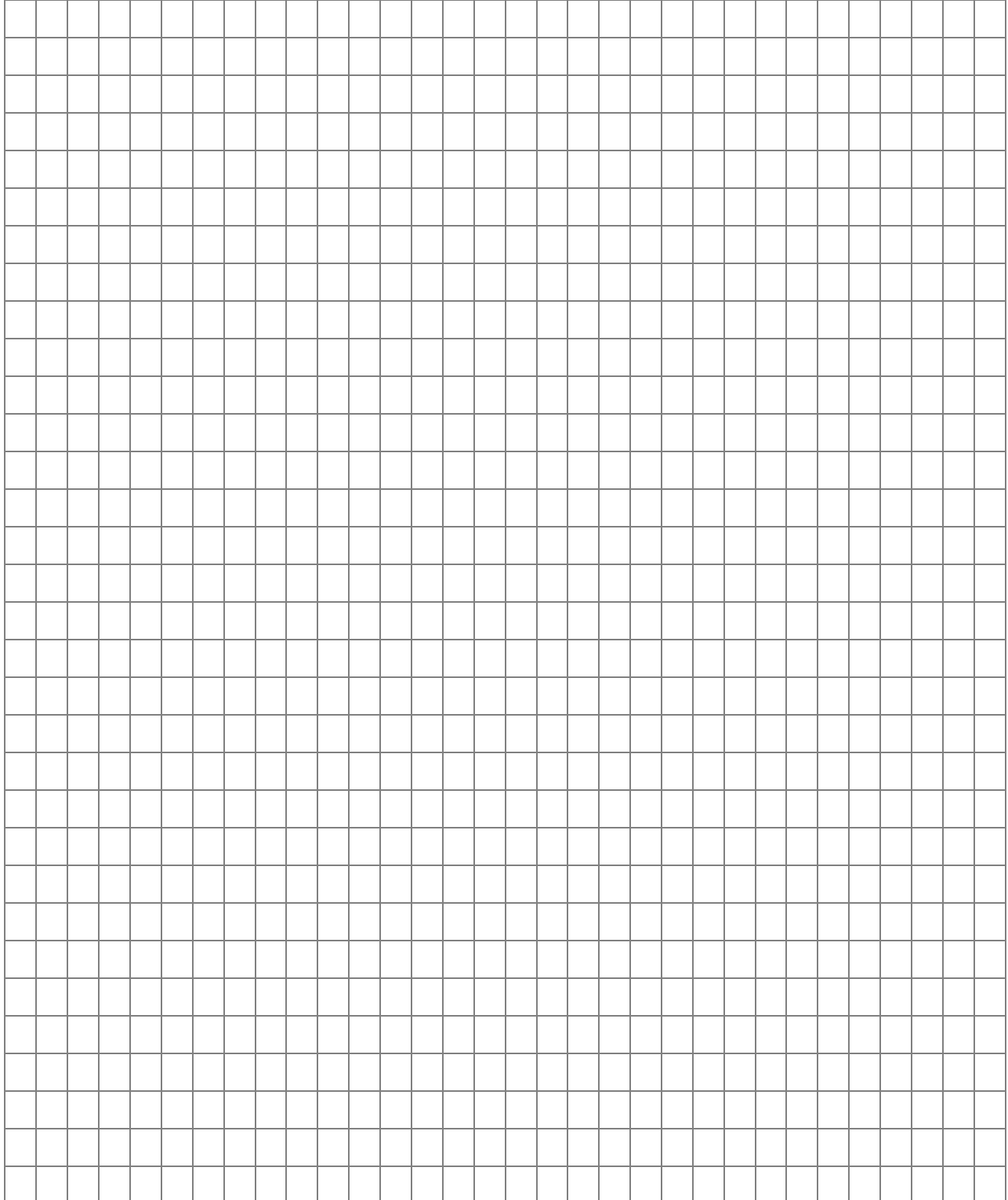
After test were odors present in the dispersal area? Yes No

Comments:

Sketch of System *(or provide on a separate sheet)*

For reproducible results, show dimensions from structures that will not change, such as corners of the house. Show details, such as the road, in relation to the house to get the correct orientation. Show all located components

Scale: _____square/s = _____ft Comment:



Checklist Summary

- 1.) Tank is: Acceptable – Currently Functioning Properly
 Unacceptable Condition – Repairs can bring tank to Acceptable
Provide recommendations in comment
 Unacceptable Condition - Failed
 Not Evaluated

Comments:

- 2.) Pump Tank is: N/A Acceptable Unacceptable Condition

Comments:

- 3.) Dispersal System is: Acceptable – Currently Functioning Properly
 Inconclusive – More Information Required
Provide recommendations in comment
 Unacceptable Condition - Failed
 Not Evaluated

Comments:

Inspector Declaration

I, the undersigned inspector, certify that based on what I was able to observe onsite and the present condition of the onsite wastewater treatment system all of the above information is true and correct.

Inspecting Company:

Phone:

Inspector Name:

Inspector NAWT I.D. #:

Inspector Signature:
