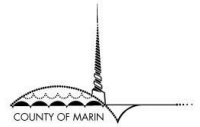


Marin County Environmental Health Services

3501 Civic Center Drive, Room 236, San Rafael CA 94903 (415) 473-6907 Fax (415) 473-4120



Alternative Sewage Disposal Systems: Monitoring & Maintenance Inspection Report

Owner's Name _____	System Type: _____
Property Address _____	City _____
Date of Inspection _____	APN _____ Water Qlty Sampled? Y / N

Per Operating Permit, average daily flow not to exceed: _____ **gpd** (EHS may be contacted for this information.)

Water use (from water bills): _____ **gpd** **Actual sewage flow** (calc'd from control panel data*): _____ **gpd**

* Show any formulas for deriving wastewater flow in gallons per day (e.g. [(dose counter reading x dose)/(number of days)] or [(elapsed time in hours)x(60 min/hr)x(GPM)]/(number of days)]. Flowmeter data?

Dose Counter Formula: _____

Elapsed Time Meter Formula: _____

Other Formulas (e.g. recirculation ratio): _____

Were abnormalities noted in any of the following areas? Leave blank if not.				
	Abnormality Noted	Yes, but corrected	Maintenance performed?	Comments
Tank(s) & Vault(s):				
Tank risers & lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sanitary tees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquid level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scum thickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sludge thickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Siphon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pump controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal Field(s):				
Purge/squirt/balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Monitoring wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seepage/Sfc'g effluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selective fertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other items from OPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Check here if there are items still requiring correction: Comment on 2nd side of report.

Was the tank pumped? Yes No Does tank still need pumping? Yes No

Complete 2nd side of form...(over) =>

Per Operating Permit, groundwater level not to exceed: _____ inches (EHS may be contacted for this information.)

Enter depth of water in the monitoring wells* **as measured from surface** : MW1: MW2:

MW3: MW4: MW5: MW6: MW7: MW8: MW9: MW10:

**If this is the first report, submit copy of as-built plot plan with report to EHS. Monitoring wells must be identified by number on plan.*

Monitoring Consultant's Notes

Please comment on the following, if applicable: Recent construction, grading, paving or excavating in the vicinity of the system ■ Inaccessibility of septic system components and reasons why ■ Unexplained water flow into tank (e.g. leaking toilets) ■ Any minor repairs to the alternative system you or others accomplished ■ Signs of past pump failure, e.g. scum lines above normal operation ■ If diversion valve was exercised ■ Expected effluent clarity after pre-treatment ■ Any concerns specific to the technology of the system ■ Any information requested by EHS on this year's OPC.

Inspector's signature _____ Company/Firm _____

Registered Professional's signature (if required) _____

Company/Firm _____ Date: _____

This report format is optional. Any other forms must include all of information required by EHS.

Monitoring Year: June 1st to May 31st. All reports for a particular year must be submitted to Environmental Health Services no later than April 15th.