

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT ENVIRONMENTAL HEALTH DIVISION

1855 Placer Street, Suite 201, Redding, CA 96001
Telephone (530) 225-5787 FAX (530) 225-5413 www.ehd.co.shasta.ca.us

ONSITE WASTEWATER TREATMENT SYSTEM PERMIT TO OPERATE SUPPLEMENTAL TREATMENT REPORTING

PROPERTY OWNER

Name _____
Mailing Address _____
City, State, Zip Code _____
Telephone _____
Email Address _____

LOCATION OF SYSTEM

Address _____
Assessor's Parcel Number _____
OWTS _____

SYSTEM INSPECTOR/SAMPLE COLLECTOR

Name _____
Company _____
Certification _____

Date of Service _____

Sample Collected

Date _____ Time _____ (Lab results for BOD and TSS to be submitted with this document within 30 days of sampling)

No sample collected Reason _____

SYSTEM INSPECTION CHECKLIST

Sewage Tank

- No visible leaks or cracks
- Inlet and outlet Sanitary T's in place
- Riser lids are properly secured and sealed
- Outlet effluent filter cleaned and inspected (if applicable)

Vents (if applicable)

- High and low Vents are intact
- Adequately supported free and clear
- Vent Screens secured and unobstructed

Pump Tank (if applicable)

- No visible leaks or cracks
- Inlet T in place
- Riser lid(s) secure and sealed
- Floats are operating correctly in good condition
- Filter cleaned and inspected (if applicable)
- Proper routing of electrical
- Verify any siphoning device is functioning
- Audio/Visual Alarm is working

Dispersal System

- Observation/sampling Ports accessible (if applicable)
- Surface water drainage and downspouts are diverted away from the dispersal field
- No impact by roads, structures or vehicle traffic
- No surfacing sewage observed (If observed, report to SCEHD within 48 hours of observation. Prevent effluent from running offsite or into bodies of water, submit repair permit application to SCEHD, and repair/correct as soon as possible.)

Inspection Notes _____

