KERN COUNTY / Public Health

Brynn Carrigan - DIRECTOR
Kristopher Lyon, MD - HEALTH OFFICER

PRIVATE SEWAGE DISPOSAL SYSTEM CERTIFICATION FORM

Applicant will complete the top two sections only. The remainder of the certification form will be completed, on both sides, by a licensed (A, B, C-36, or C-42) contractor or other qualified professional (R.P.E., C.E.G., R.E.H.S., NAWT, etc.) and also registered as a Kern County OWTS Professional. Use N/A where necessary. For additional information, please call 661-862-8740.

APPLICANT INFORMATION

BID #:

Property Owner:	Applicant Name:
Property Address:	APN:
City: State: Zip:	Phone #:

PROPERTY INFORMATION

Number of Units:	Number of Bedrooms:	Number of Bathrooms:
Garbage Disposal: Y ☐ N ☐	Property Vacant: Y ☐ N ☐ How long?	Basement: Y ☐ N ☐

SEPTIC TANK INFORMATION

Tank Material:	Dimensions in feet (L x W x D):	
Type of Cover (specify):	Tank Capacity (gallons):	Number of Compartments:
Age of Tank (yrs):	Date the tank was last pumped (mo/yr):	Disposal Area Age (yrs):
Specify any damage or defects observed:		

TYPE OF DISPOSAL AREA

Seepage Pit:	Leachlines:	Other (specify):
Distance from Well: ft.	Distance from Foundation: ft.	
Distance from Nearest Lot Line: Front: ft.	Rear: ft.	Side: ft.
Specify any damage or defects observed:		

SEEPAGE PITS

Number of Pits:	Outside Diameter: ft.	Depth: ft.
Depth of pit below inlet: ft.	Lining Material (specify):	

LEACHLINES

Number of Lines:	Trench Width: in.	Average Length of Lines: ft.
Total Absorbtion Area (Bottom of trenches): sq ft.	Depth (Finish grade to top of line): in.	
Distance between Lines: ft.	Type of filter material beneath line: in.	
Depth of material above line: in.	Depth of material below line: in.	Leachlines Covered: Y ☐ N ☐
Specify indications of previous system failures (odors, seepage, etc.). Attach additional paper if necessary:		

HYDRAULIC TEST

Dye Test: Y ☐ N ☐	Hydraulic Test: Y ☐ N ☐
Length of Time Added (minimum 60 minutes): mins.	Time to Return to Initial (maximum 30 minutes): mins.
Liquid Level Rise: in.	Number of gallons (minimum 300 gallons): gallons
Notes:	

TANK & DISPOSAL AREA INFORMATION

In the space provided, show the location of the septic tank and disposal area in relation to the buildings and other landmarks (i.e. wells, trees, shrubs, driveways, parking, paving, drainage courses, and property lines).

It is the opinion of the certifier that this sewage disposal system (check all that apply):

☐ Meets current code,

☐ Can be expected to function satisfactorily and is not likely to create any unsanitary conditions.

OR

☐ Cannot be expected to function satisfactorily.

Name of Certifier:	Lic./Cert. #:	Expiration:
Address:	State:	Zip:
Type of License/Certificate:	Phone #:	
Signature:	Date:	

OFFICE USE ONLY	
Reviewed By:	Date:
Reason:	
Approved: ☐ Not Approved: ☐	