



ENVIRONMENTAL HEALTH

ENVIRONMENTAL PROTECTION BRANCH
LAND USE PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706

Telephone: (626) 430-5380 • Website: <http://www.publichealth.lacounty.gov/eh>



COUNTY OF LOS ANGELES
Public Health

EVALUATION FORM FOR EXISTING OWTS PROJECT REVIEWS

OWTS Location:						
Property Owner's Name:						
Property Owner's Address:						
Contractor's Name:				Contractor Lic. #:		
Contractor's Address:						
Contractor's Qualification:	Class A	Class C-42	Class C-36			
Name of Technician:				Date of Evaluation		

OVERALL SYSTEM EVALUATION:

Prior Approval / Permits available?	YES	NO	Installed in an acceptable manner (meets set-backs, etc.)?	YES	NO
Prior approval designates a tested future expansion area?	YES	NO	Leaking plumbing fixtures overloading the system?	YES	NO
Building occupied at the time of the inspection?	YES	NO	If unoccupied, how long has the building been vacant?		
Record of Prior Pumping:	YES	NO	Date of Last Pumping:		

TANK EVALUATION:

Material:	Concrete	Fiberglass	Other		
Length:			Width:		
Capacity (Gallons):			Tank Pumped for Inspection?	YES	NO
Measurements:	Internal	External			
# of Chambers:	Single	Dual	Sludge Depth:		
Effluent Filter Installed?	YES	NO	Evidence of Overflow?	YES	NO
Effluent Level Above Outlet Tee Prior to Pumping?				YES	NO
Did Effluent Flow from the Dispersal System into the Tank During Pumping?				YES	NO
Evidence of Daylighting / Overflow from Tank?				YES	NO

DISPERSAL SYSTEM TYPE AND DIMENSIONS

Leach Line	Number		Length		Width		Depth	
Leach Field	Sq. Feet		Length		Width		Depth	
Seepage Pit	Number		Width		Cap Depth		Depth	
Other								

Continued on other side

METHODS USED TO DETERMINE LOCATION OF DISPERSAL SYSTEM AND ITS STATUS

DISPERSAL SYSTEM EVALUATION

Soil dry over the leach field or leach lines?	YES	NO
Accumulation of organic material in perforated pipes, gravel, or seepage pit?	YES	NO
Evidence of overflow from seepage pit?	YES	NO
Standing water in the seepage pit?	YES	NO
Evidence of staining on the seepage pit walls?	YES	NO

COMPONENT	SATISFACTORY CONDITION	NEEDS REPAIR	NEEDS REPLACEMENT
Tank			
Inlet			
Outlet			
Baffle			
Risers			
Covers			
Distribution Box			
Plumbing Lines			
Diverter Valves			

OVERALL COMMENTS / STATEMENT OF CONDITION:

PLEASE PROVIDE A SITE PLAN WITH LOCATIONS OF ALL OWTS COMPONENTS OR VERIFY LOCATIONS ON EXISTING SITE PLAN.

Notes:

- This form is a tool to satisfy the requirements detailed in the guideline entitled “Conventional and Non-Conventional Onsite Wastewater Treatment Systems-Requirements and Procedures” for the evaluation of an existing system. See Chapter 4, Section B7 on page 15 for a complete list of the requirements.
- This evaluation is only valid for a period of one year from the date of the evaluation.
- This form is not intended for Real Estates purposes.

I certify that on the date indicated above, I completed an evaluation of the system indicated above and that this report constitutes an accurate evaluation of the conditions observed.

Contractor’s Signature:	
Date:	