



SITE INSPECTION INFORMATION

Owner's name: _____ Phone #: _____

Property address: _____

OWTS Inspector: _____ Registration #: _____ Phone #: _____

Onsite Inspection Date(s): _____ Time(s): _____

Site weather related condition during Inspection –

Dry ____

Wet/Muddy ____

Last known rainfall _____

RECORDS

Most recent System Drawings/Plans obtained Yes ____ No ____

Septic Pumping and other Maintenance Records reviewed Yes ____ No ____

RATING OF RECORDS OVERALL: GOOD ____ FAIR ____ POOR ____

OWNER/USER INTERVIEW

Additional Onsite Records and Source of Information were provided by:

Owner ____ Tenant ____ Realtor ____ Contractor ____ Other: _____

Name of Information Source: _____ Phone #: _____

Last time System was Inspected: _____

Last time System was Pumped: _____

What was Pumped Septic Tank ____ Seepage-Pit ____ Other: _____

On average how often is the System being Pumped: _____

History of frequent stoppages/back-ups Yes ____ No ____

(If Yes, provide details): _____

Plumbing fixtures have been retrofitted to minimize water usage Yes ____ No ____

Is the Structure occupied Yes ____ No ____ If No, vacant since: _____



OBSERVATIONS OF ONSITE LOCATION – continued

Any part of the System exposed to vehicle traffic/parking or paved over Yes ___ No ___
(If Yes, provide details): _____

Any part of the System invaded by tree roots or trees within close proximity Yes ___ No ___
(If Yes, provide details): _____

Any separate Greywater System(s), Drywell(s) or additional System(s) Yes ___ No ___
(If Yes, provide details): _____

Difficult Site issues are present (due to location, hill side, conditions, System) Yes ___ No ___
(If Yes, provide details): _____

RATING OF ONSITE OBSERVATIONS OVERALL: GOOD ___ FAIR ___ POOR ___

SOIL CHARACTERISTICS & CONDITIONS AT SYSTEM COMPONENTS

Soil around System appears to be (check all that applies) -

Acceptable Soil conditions ___ Sandy ___ Rocky ___ Clay ___

Unacceptable Soil conditions ___ Poor Soil ___ Acceptable soil percolation ___

Compacted ___ Clogged Soil ___ Soggy/Saturated ___

Other: _____

Water source that could be affected in event of a System failure Yes ___ No ___

Well ___ Stream ___ Creek bed ___ Other: _____

Any Water Source(s) within 50' feet Yes ___ No ___

(If Yes, provide details): _____

Any Water Source(s) within 600' feet Yes ___ No ___

(If Yes, provide details): _____

SOIL CHARACTERISTICS & CONDITIONS OVERALL: GOOD ___ FAIR ___ POOR ___

DRAINAGE PIPING SYSTEM OBSERVATIONS

Drainage Line - Structure to Septic tank Materials: _____ Approximate age: _____

Non-obstructed flow to all System components Yes ___ No ___

(If No, provide details): _____



DRAINAGE PIPING SYSTEM OBSERVATIONS– continued

Signs of leaking/running Plumbing fixtures Yes ___ No ___

Any roof or surface/area drain tied into Septic System Yes ___ No ___

(If Yes, provide details): _____

RATING OF DRAINAGE PIPING SYSTEM OVERALL: GOOD ___ FAIR ___ POOR ___

TYPE OF ONSITE WASTEWATER TREATMENT SYSTEM(S)

Conventional Gravity Type System – Yes ___ No ___

Septic Tank with - Trench System/Dispersal Field ___ Seepage-Pit ___

Alternative System, Hybrid System, or other Yes ___ No ___

(If Yes, provide details): _____

Cesspool(s) or Holding tank(s) Yes ___ No ___

(If Yes, provide details): _____

RATING OF TYPE OF OWTS OVERALL: GOOD ___ FAIR ___ POOR ___

ADDITIONAL COMPONENTS & EQUIPMENT

Any additional retrofits, components or equipment installed Yes ___ No ___

(If Yes, provide details): _____

ADDITIONAL COMPONENTS & EQUIPMENT OVERALL: GOOD ___ FAIR ___ POOR ___

SEPTIC TANK OBSERVATIONS

Septic tank Volume _____ Gallons

Additional tank Volume _____ Gallons

Total Septic System capacity: _____ Approximate age: _____

Septic tank material(s) Concrete pre-cast ___ Poly/Fiberglass ___ Steel ___

Improper original construction or onsite built - provide details: _____



SEPTIC TANK OBSERVATIONS – continued

Septic tank pumping is required Yes ___ No ___

Septic tank was pumped right before inspection Yes ___ No ___

Liquid operating level High ___ Normal ___ Low ___

Evidence of liquid and waste passing over top of Baffles Yes ___ No ___
(If Yes, provide details): _____

Structural condition of Septic tank Good ___ Fair ___ Poor ___
(Provide details): _____

Any signs of damage or cracks Yes ___ No ___
(If Yes, provide details): _____

Septic tank condition Good ___ Fair ___ Poor ___

Needs pumping to further verify condition Yes ___ No ___

Septic tank watertight - (not leaking) Yes ___ No ___

Signs of unapproved contents in Septic tank - foreign debris, additives, bleach Yes ___ No ___
(If Yes, provide details): _____

Any signs of surface or groundwater leaking into Septic tank Yes ___ No ___
(If Yes, provide details): _____

Access Riser(s) in place Yes ___ No ___

Number of Riser(s) _____ Diameter of Riser(s) _____

Riser(s) properly covered with Safe materials/Covers Yes ___ No ___

Sanitary/Baffle Tee, Inlet and Outlet Yes ___ No ___ Good ___ Fair ___ Poor ___

Thickness of Scum depth at Inlet compartment ___ Inches At Outlet Compartment ___ Inches

Thickness of Sludge depth at Inlet compartment ___ Inches At Outlet Compartment ___ Inches

Are Solids passing into secondary compartment Yes ___ No ___

Does Outlet contain an effluent Filtering Device Yes ___ No ___

RATING OF SEPTIC TANK OVERALL: GOOD ___ FAIR ___ POOR ___



DISTRIBUTION BOX OBSERVATIONS

Materials constructed of: _____ Approximate age: _____

Distribution Box is structurally sound Yes ___ No ___ N/A ___

Signs of flooded Distribution Box Yes ___ No ___ N/A ___

Effluent is being directed uniformly (D-Box is not tipped/tilted) Yes ___ No ___ N/A ___

(If No, provide details): _____

RATING OF DISTRIBUTION BOX OVERALL: GOOD ___ FAIR ___ POOR ___

SOIL ABSORPTION/DISPERSAL SYSTEM OBSERVATIONS

Type of Soil Absorption/Dispersion System:

Trench System/Dispersion Field ___ Seepage-Pit(s) ___ Other: _____

Number of: _____ Size(s)/Depth(s)/Length(s): _____

Materials constructed of: _____ Approximate age: _____

Improper location, materials, construction, slope or insufficient soil layer Yes ___ No ___

(If Yes, provide details): _____

Possibly undersized or lacking capacity Yes ___ No ___

(If Yes, provide details): _____

Provide details of any additional Soil Absorption/Dispersion Components or Systems: _____

RATING OF SOIL ABSORPTION SYSTEM OVERALL: GOOD ___ FAIR ___ POOR ___

TESTS PROCEDURE PERFORMED AND DETAILS

Hydraulic load/flow test performed Yes ___ No ___ Results: Good ___ Fair ___ Poor ___

Dye tracing test performed Yes ___ No ___ Results: Good ___ Fair ___ Poor ___

WATER WAS RUN AT: _____ FOR: _____ MINUTES PRIOR TO INTRODUCING TRACER DYE

AT: _____ WATER RUN AT THESE FIXTURES: _____ FOR: _____ MINUTES AT AN

ESTIMATED AVERAGE FLOW OF: _____ GPM TOTAL TEST VOLUME OF WATER WAS _____ GALLONS.

Any evidence of backup, Dye breakout, or any other defects Yes ___ No ___

(If Yes, provide details): _____



SUMMARY

REPORTED FINDINGS OF EVALUATION AND OBSERVATION OF SYSTEM COMPONENTS

All piping throughout System	Good ___	Fair ___	Poor ___	
All Risers and Covers – (Septic /Seepage Pit)	Good ___	Fair ___	Poor ___	
Septic Tank	Good ___	Fair ___	Poor ___	
Soil Absorption/Dispersal System	Good ___	Fair ___	Poor ___	
All other Equipment or Components	Good ___	Fair ___	Poor ___	N/A ___

(Provide details): _____

INSPECTOR'S SUMMARY – OF OVERALL CONDITION OF COMPLETE OWTS

Excellent ___ Good ___ Satisfactory ___ Marginal ___ Poor ___ Failed ___

This complete OWTS is working properly and adequately, and is found to be in compliance with Section 15.04.610 of the Calabasas Municipal Code. **Yes ___ No ___ Partial ___**

As a City of Calabasas approved OWTS Inspector, I hereby state that all the information provided within this report is found to be true and accurate to the best of my knowledge.

Signed: _____ Date: _____

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Pages 1 – 8 Meets Compliance Yes ___ No ___ Partial ___

Reviewed by: _____ Date: _____

This OWTS is found to be in Compliance with City Ordinance. An Operating Permit may be Issued.
Yes ___ No ___