SELF-MONITORING FORM
Nonstandard Septic System - Site Inspection Report

Site Address: _____

System Type: (Mound, P.D., Other) **Site ID No.:** OPR____ - _____

Owner's Name: _____ **Telephone:** ( ) ____ - _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Recommended Maintenance & Reminders:

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.
4. Switch diversion valve (if you have one) annually, or as specified on approved septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Keep expansion areas unencumbered.

On the back of this form, sketch a layout of your system. Please number the performance wells (previously known as monitoring well). A copy of your septic plans should be available from the designer/consultant who drew them or a plan should be available at the County to look at. Refer to bulletin #3, aka WLS-014 (provided by the County) for help with this form.

Performance Well Information: ***IMPORTANT - take readings in October ONLY***

Well number	Distance from the top of the ground to the top of the water (if dry, write "dry")	Well number	Distance from the top of the ground to the top of the water (if dry, write "dry")
1	inches	6	inches
2	inches	7	inches
3	inches	8	inches
4	inches	9	inches
5	inches	10	inches

Control/Alarm Box Information:

Does Audible Alarm work? ___ Yes ___ No **Do you have a diversion valve?** ___ Yes ___ No
Does Alarm Light work? ___ Yes ___ No **Which field is it serving?** _____
Does the system have a Dose Counter? ___ Yes ___ No
Does Dose Counter advance in the manual mode? ___ Yes ___ No

Fill out the information below if you have a dose counter: (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading		**Today's date**	
Previous dose counter reading		**Date of previous counter reading**	
Number of doses		**Number of days**	

Number of doses divided by number of days = _____ doses per day
Times gallons per dose* for your system = _____ gallons per day (for this specific time period)
System is designed for:_____ gallons per day

* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

General Condition of System - Note any maintenance/repairs done on system since last monitoring, ie: tank pumped, alarm repaired, pump replaced, system purged & balanced and by who.

_____

_____

_____

Inspection By: _____ **Date:** ___/___/_____

Please complete this form any day within the month of October, then return to this office.

We suggest that you keep a copy of this site inspection to complete future forms.
Our mailing address is:
County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403
Should you have any questions, please call (707) 565-1691