

**I. Parcel Information**

Owner's name:	APN:	Size of parcel: (acres)
Mailing address:	Site address:	
Email:	Number of units on parcel:	
Phone number:	Vacant:	How long vacant:
Water supply:	Water System Name:	Well Yield (GPM):

**II. Pumper Report(s)**

Date of POS pump (must be within 6 months of this report):	<b>**Attach report to submittal</b>	
Inspection indicates:	System operating properly	Failing
		Signs of recent/past failure
Both compartments pumped:	Flow test passed:	Operating at high level:
Volume of water used in flow test:	Notes:	
Greywater bypass identified:	Is there an effluent filter:	Was it cleaned:
Previous report on file dated:	Signs of failure (backflow/high level) or repairs recommended:	
Previous report on file dated:	Signs of failure (backflow/high level) or repairs recommended:	
COMMENTS:		

**III. File Review- Site Info**

Located in:	Biotic resources	Water supply watershed	Nitrate constraint area
	County landslide area	EH septic constraint area	
Constraints on parcel:	Clay/slow percolation	Sands/fast percolation	Slope
	Groundwater	Floodplain	Setbacks
Does this parcel have:	Site evaluation	Percolation testing	WWT
Are there any complaints on file:	Dates(s):		
How resolved:			

Does the file contain:	Well agreements	Easements	Neighbor acknowledgement Letters
Describe documents:			
One-time building addition of up to 500 square feet has been used:			Date used:
More than one OWTS on the parcel:	**If yes, a POS inspection report must be submitted for each system		
This report is for system #:			

**IV. File Review- Existing OWTS**

Existing system installed under permit(s):		**If no septic permit is on file, proceed to section VII	
Existing system is (check all that apply):		Standard	Limited expansion
Low flow	Pump up	Haulaway	Enhanced
		*Must complete section V	
Date existing, permitted tank installed:		Finalled:	
Tank size:	Type:	Date of installation:	Distribution type:
Existing system meets current standards for tank sizing:			
Date existing, permitted leachfield installed:		Finalled:	
Number of bedrooms on septic permit:		Same as assessor:	Same as EH check sheet:
Leachfield type:	Number of lines:	Total length(ft):	Width (in):
Effective depth (ft):	Total trench depth (ft):	Noted perc rate:	Number of chambers:
Groundwater depth for system design:		Leachfield square footage listed on permit:	
Existing system meets current standards for leachfield setbacks:			
Plot plan included with permit:	Expansion area designated on plan:		As- built plot plan:
Expansion area notation on check sheet:		Limited expansion letter on file:	
Non-standard letter on file:	Type (list all):		
Greywater system installed:	Permit:	Dimensions:	Date installed:
Pump tank:	Size:	Material:	Date installed:
Electrical permit:			
Existing system requires an upgrade if a project is proposed to add more than 500sqft, a bedroom, or an ADU:			
Existing system has an EH stamped plot plan in the file:			
**If no, a plot plan must be provided as part of this report			

FILE REVIEW  
COMMENTS:

**V. Enhanced Treatment**

\*Enhanced Treatment System fee disclosure and service policy transfer required\*

Enhanced treatment type:		Onsite Service Provider:	
Date of last inspection:	Valid service agreement:	Service agreement is current:	
Agreement is in the file:		*If no, include a copy with this report	
Recommendations on last report:			
COMMENTS:			

**VI. Site Inspection**

Number and type of structures on site:			
Tank located:	Risers inspected:	Depth to top of tank:	
Tank located in an area exposed to vehicle traffic:		Traffic rated risers:	
Tank free of structures, deck, patio, etc.:	Describe:		
Tank setbacks meet standards:	Describe if no:		
Pump station inspected:	Size:	Material:	
	Alarm functional:	Floats in place:	Risers:
Leachfield located:	Risers located:	Risers dry:	Water level in risers (in):

The following are over the leachfield:	Structures Other over leachfield:	Driveway	Deep root vegetation	Corral	Redwoods
Surface condition of leachfield area:	Evidence of failure Green/lush	Erosion Present Daylighting	Odor	Wet areas Discharge pipes	
Leachfield setbacks meet standards:		Describe if no:			
Distribution located:	Riser:	Accessible:	In good condition:		
Expansion area designated on permit located:		Still available:		Percent available:	
Expansion area meets current standards:		and meets slope standards:			
Expansion area requires treatment:					
All OWTS components meet current setbacks to waterbodies, seasonal drainage, and well heads:					
Greywater system located:		List fixtures connected:			
Greywater irrigation (Laundry to Landscape):			Has diversion valve:	Installation date:	
Number of wells on the property:		Closest setback to existing septic:		and expansion area:	
Well on neighbor parcel may affect future septic location:					
SITE INSPECTION COMMENTS:					

**VII. Summary Condition**

*Check all that apply:*

OWTS has been installed pursuant to an approved permit

This parcel is serviced by an un-permitted OWTS

Comments:

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OWTS appears to be functioning and has no structural defects

OWTS appears to be functioning but has some areas of concern

OWTS appears to be failing or has structural defects (include photo documentation)

Comments:

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The system meets current standards

The system does not meet current standards

Comments:

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Future addition of more than 500sqft, a bedroom, or an ADU will require a septic upgrade

Future septic upgrade will require enhanced treatment

Comments:

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OWTS is failing or has structural defects (include photo documentation)

Comments:

Approved Provider Name:

Registration number:

Date of evaluation:

I am a registered County of Santa Cruz Point-of-Sale Approved Provider. I have personally researched the file and inspected the site conditions and OWTS at the property address listed in this report; the information reported above is true, accurate, and complete as of the time of my inspection. The inspection was performed based on my training and experience in the proper function and maintenance of the OWTS.

Signature:

Date:

Submit Evaluation Report Form and supporting documents to [ENVpointofsale@santacruzcounty.us](mailto:ENVpointofsale@santacruzcounty.us)