

County of Santa Cruz Environmental Health Services
701 Ocean St. Room 312, Santa Cruz, CA 95060 (831) 454-2022

Site Review - Onsite Sewage and Water Source Evaluation

Date _____ Assessor's Parcel Number _____ Site Address _____

Applicant's Name _____ Owner's Name _____ Applicant's Phone # _____

Mailing Address _____

Number and type of structures on site _____

Structure occupied Yes _____ No _____ Unable to determine _____

Septic System (See Attached Septic Tank Pumping and Inspection Report)

Septic tank located Yes _____ No _____ Tank risers noted Yes _____ No _____

Leach field located Yes _____ No _____ Leach field risers noted Yes _____ No _____

Risers dry _____ Riser comments _____

Available leach field expansion area Yes _____ No _____

Leach field or expansion area in Flood Plain Yes _____ No _____ Unable to determine _____

During Winter Water Table Testing Period: Yes _____ No _____

Tank and leach field comments _____

Streams, Drainages or Other Water Bodies

Water bodies or seasonal drainages Yes _____ No _____

Set back to septic system or expansion area _____ Additional comments _____

Slope or Topographical Issues

Slope exceeds repair/upgrade requirements Yes _____ No _____

Additional comments _____

Well Location

Well on site Yes _____ No _____ Number of Wells _____ Well set back to septic system _____

Well set back to expansion area _____ Additional comments _____

Well located on neighbor's property that may restrict future development Yes _____ No _____

Set back of well to leach field and expansion area _____ Additional comments _____

Other Notes _____

Prepared By: _____

Date _____