SAN BERNARDINO COUNTY | Public Health
Environmental Health Services

385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415
Email: EHS.CustomerService@dph.sbcounty.gov
Website: ehs.sbcounty.gov
Text/Call: 800.442.2283
Fax: 909.387.4323

RESIDENTIAL ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) CERTIFICATION FORM

Certification shall be completed by a state licensed contractor (A, C-36, or C-42) or other qualified professional/ service provider (P.E., C.E.G., R.E.H.S., etc.). For more information, call or text 800-442-2283.

APPLICANT INFORMATION

Property Owner: | Applicant Name:
Property Address: 13932 Olancha Rd. Victorville
Phone Number: | APN: | Email:
Building Permit Number (if applicable):

PROPERTY INFORMATION

Number of Units: 1 | Number of Bedrooms: 3 | Number of Bathrooms:
Garbage Disposal: ☐ Y ☐ N | Residence Vacant: ☐ Y ☐ N How long? | Basement: ☐ Y ☐ N

SEPTIC TANK INFORMATION

Tank Material: Cement | Dimensions in Feet (L x W x D):
Type of Cover (specify): Cement | Tank Capacity (gallons): 1000 | Number of Compartments: 2
Age of Tank: | Date the tank was last pumped (mo/yr): 08-2026 | Disposal Area Age:
Specify any damage or defects observed: None- Septic tank pass

TYPE OF DISPOSAL AREA

☒ Seepage Pit: ☐ Leachlines: ☐ Other (specify):
Distance from Well: City Water ft. | Distance from Foundation: 29 ft.
Distance from Nearest Lot Line: Front: ft. Rear: ft. Side: ft.
Specify any damage or defects observed: None- Seepage Pit pass

SEEPAGE PITS

Number of Pits: 1 | Outside Diameter: 5 ft. | Depth: 26 ft.
Depth of Pit Below Inlet: 21' to water | Lining Material (specify): block

LEACHLINES

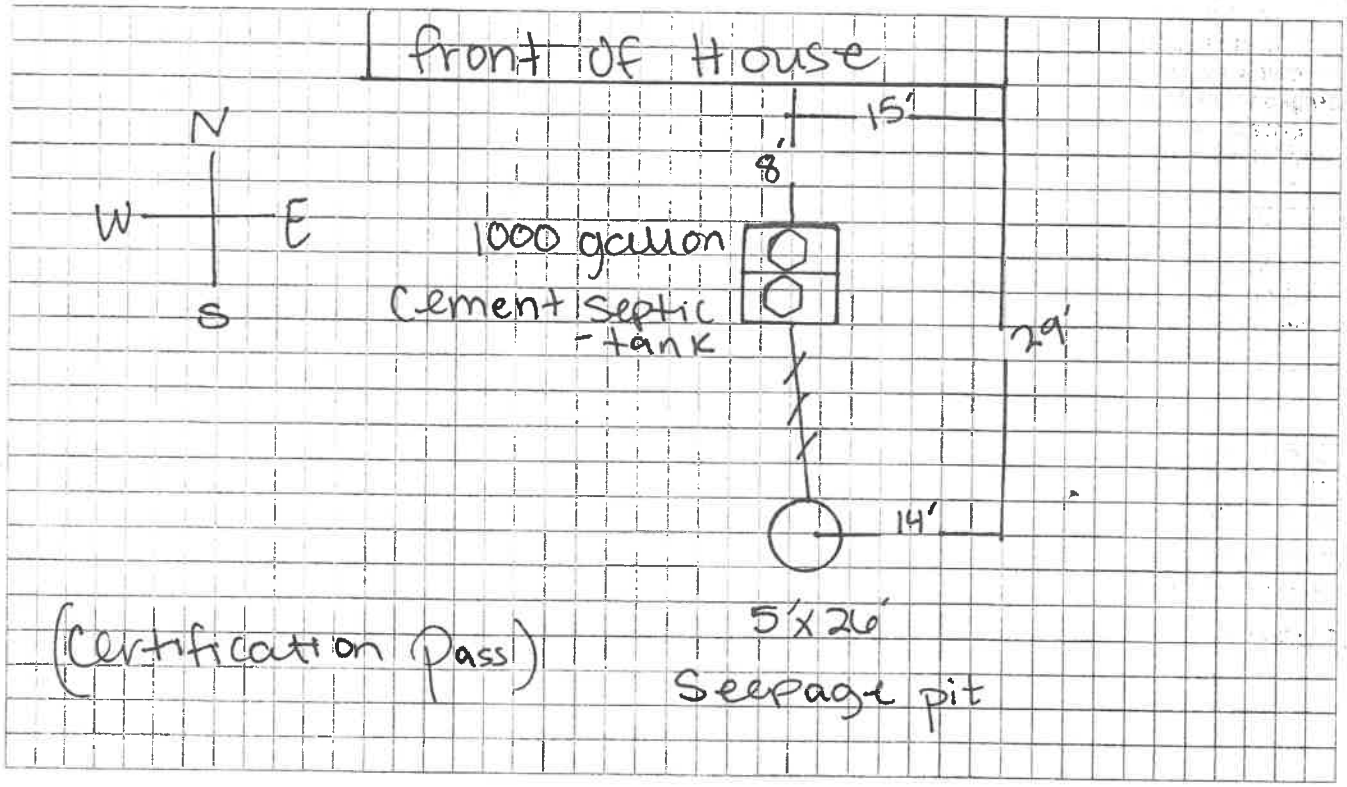
Number of Lines: | Trench Width: in. | Average Length of Lines: ft.
Total Absorbtion Area (Bottom of trenches): sq ft. | Depth (Finish grade to top of line): in.
Distance Between Lines: ft. | Type of Filter Material Below Line:
Depth of Material Above Line: in. | Depth of Material Below Line: in. | Leachlines Covered: ☐ Y ☐ N
☐ Plastic Leaching Chambers ☐ Bundled Expanded Polystyrene Synthetic Aggregate Units
Specify indications of previous system failures (odors, seepage, etc.). Attach additional pages if necessary:

HYDRAULIC TEST

Dye Test: ☐ Y ☐ N | Hydraulic Test: ☐ Y ☐ N
Length of Time Added (minimum 60 minutes): mins. | Time to Return to Initial (maximum 30 minutes): mins.
Liquid Level Rise: in. | Number of Gallons (minimum 300 gallons): gallons
Notes:

TANK & DISPOSAL AREA INFORMATION

In the space provided, show the location of the septic tank and disposal area in relation to the buildings and other landmarks (i.e. wells, trees, shrubs, driveways, parking, paving, drainage courses, and property lines).



It is the opinion of the certifier that this sewage disposal system (check all that apply):

☒ Meets current code,

☒ Can be expected to function satisfactorily and is not likely to create any unsanitary conditions.

OR

☐ Cannot be expected to function satisfactorily.

All certifications have no warranty after we leave the property the day of the inspection

Indemnification – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

Type of License: C42	Reg. Number: 1135712	Expiration: 4/11/27
Address: 10474 Cody Rd #407, Lucerne Valley CA 92356		Date: 08-28-2026

☐ **Electronic Signature Only** By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

Name of Certifier: USA Septic	Signature:

OFFICE USE ONLY

Reviewed By:	Date:	Fee:	Late Fee: ☐ Y ☐ N
PE:	Record ID:	Effective Design Rate: ☐ Y ☐ N	
Approved: ☐ Y ☐ N	Reason (if not approved):		