



Alameda County Department of Environmental Health Land Use Program

1131 Harbor Bay Pkwy, Alameda, CA 94502

Phone: 510-567-6700 ♦ Fax: 510-337-9335 ♦ Web: www.acgov.org/aceh/landuse

Onsite Wastewater Treatment System (OWTS) Questionnaire

PROPERTY ADDRESS			
Alameda County Assessor's Parcel Number (APN):			
Street:	City:	State:	Zip Code:
PROPERTY OWNER INFORMATION			
Property Owner Name:			
Mailing Address (<input type="checkbox"/> same as property address)			
Street:	City:	State:	Zip Code:
Phone:	Email:		
OWNER'S REPRESENTATIVE <input type="checkbox"/> N/A			
Name:	Relationship to Owner:		
Mailing Address			
Street:	City:	State:	Zip Code:
Phone:	Email:		
TENANT INFORMATION <input type="checkbox"/> N/A			
Name:	Relationship to Owner:		
Mailing Address			
Street:	City:	State:	Zip Code:
Phone:	Email:		
INSPECTOR INFORMATION <input type="checkbox"/> N/A			
Company Name:			
Mailing Address:			
Street:	City:	State:	Zip Code:
Phone:	Email:		
Name of Professional:			
License/Registration Type & Number and Expiration Date	<input type="checkbox"/> REHS:	Exp. Date:	
	<input type="checkbox"/> Civil Engineer:	Exp. Date:	
	<input type="checkbox"/> Geologist:	Exp. Date:	
	<input type="checkbox"/> Contractor:	Exp. Date:	
	<input type="checkbox"/> Other Service Provider:	Exp. Date:	
AFFIDAVIT			
The above information is true to the best of my knowledge.			
Property Owner Signature:			Date:
Owner's Representative Signature (if applicable):			Date:
Inspector's Signature (if applicable):			Date:



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Onsite Wastewater Treatment System (OWTS) Questionnaire

PROPERTY OWNERSHIP & OCCUPANCY		
How many years have you owned the property?		
Is the property currently occupied?	<input type="checkbox"/> Y <input type="checkbox"/> N	
If the property is currently occupied is it the type of use permanent or seasonal?	Year round: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Part-time: <input type="checkbox"/> Y <input type="checkbox"/> N	
If currently occupied, how many permanent residents occupy the dwelling?		
If currently unoccupied, how long has it been vacant?		
Is the property for sale?	Currently: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Anticipated: <input type="checkbox"/> Y <input type="checkbox"/> N	
PROPERTY USE		
Is the property a rental property?	<input type="checkbox"/> Y <input type="checkbox"/> N AirBNB: <input type="checkbox"/> Y <input type="checkbox"/> N	
Is the property used for residential uses?	<input type="checkbox"/> Y <input type="checkbox"/> N	
If used for residential purposes, specify type and number of dwellings	<input type="checkbox"/> Single Family Dwelling (Primary) No:	
	<input type="checkbox"/> Secondary Unit No:	
	<input type="checkbox"/> Ag Caretaker Unit No:	
Is the property used for commercial uses?	<input type="checkbox"/> Y <input type="checkbox"/> N	
If used for commercial purposes, specify type of business?	<input type="checkbox"/> Winery <input type="checkbox"/> Office	
	<input type="checkbox"/> Restaurant <input type="checkbox"/> Resort	
	<input type="checkbox"/> Event Center <input type="checkbox"/> Park Facility	
	<input type="checkbox"/> Bar <input type="checkbox"/> School	
	<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Grocery Store	
	<input type="checkbox"/> Dog Kennel <input type="checkbox"/> Gas Station	
	<input type="checkbox"/> Equestrian Center <input type="checkbox"/> Fire Station	
	<input type="checkbox"/> Cemetery <input type="checkbox"/> Agriculture	
	<input type="checkbox"/> Energy Facility	
	<input type="checkbox"/> Other:	



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WATER SUPPLY		
What is the source of the potable water supply for the property?	Onsite Well(s)	<input type="checkbox"/> Y <input type="checkbox"/> N No.
	Onsite Spring(s):	<input type="checkbox"/> Y <input type="checkbox"/> N No.
	Offsite Private Well:	<input type="checkbox"/> Y <input type="checkbox"/> N
	Public Water System:	<input type="checkbox"/> Y <input type="checkbox"/> N
	Hauled Water:	<input type="checkbox"/> Y <input type="checkbox"/> N
If there are potable water supply wells on the property, do you know the depth of the well(s) and the thickness of the seal(s)?	Well Depth(s):	
	Seal Thickness(es):	
	Unknown <input type="checkbox"/>	
Are there potable water supply holding tanks on the property?	<input type="checkbox"/> Y <input type="checkbox"/> N	No of tanks:
If there are onsite potable water supply sources, do you regularly have the quality of water tested by an analytical laboratory?	<input type="checkbox"/> Y <input type="checkbox"/> N	Date of last test:
Was the water tested for nitrates and bacteria (total coliform, fecal coliform and e. coli) and if positive were the levels below limits considered safe for drinking water?	Nitrates and bacteria tested: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Levels below drinking water standards: <input type="checkbox"/> Y <input type="checkbox"/> N	
If the potable water supply is from an onsite source, does it require water treatment, and if so specify type of treatment used and whether treatment backwash is discharged to the OWTS?	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Water Softener	
	<input type="checkbox"/> Reverse Osmosis	
	<input type="checkbox"/> Other:	
Backwash discharged to OWTS: <input type="checkbox"/> Y <input type="checkbox"/> N		
Are there irrigation wells on the property, and if so how many?	<input type="checkbox"/> Y <input type="checkbox"/> N	No of irrigation wells:
Are there inactive or abandoned wells on the property, and if so how many?	<input type="checkbox"/> Y <input type="checkbox"/> N	No of inactive/abandoned wells:



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BUILDING INVENTORY ¹										
	STRUCTURE NUMBER									
	1	2	3	4	5	6	7	8	9	10
PRIMARY USE(S)	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> C
Primary Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Residence (Inlaw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ag Caretaker Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winery Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine Tasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed & Breakfast/Resort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar/ Snack Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog Kennel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equestrian Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse/Maintenance Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING FIXTURES	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

C= Commercial R = Residential

Notes:

1 = **Include a site map numbering all existing buildings and accessory structures listed in the table above**

Attach additional sheets if site has more than 10 existing building and accessory structures. Page ____ of ____ submitted



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ACCESSORY STRUCTURES & SITE IMPROVEMENTS INVENTORY (show locations of structures within 100 feet of the OWTS on site map)		
TYPE OF STRUCTURE OR SITE IMPROVEMENT	PLUMBED TO OWTS	
<input type="checkbox"/> Driveways & Areas of Vehicular Traffic (paved & unpaved)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Patios/Decks	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Decorative Ponds	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Spas	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Gray Water Systems	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Ground Mounted Solar Panels	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Wind Turbines	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Landscaped/Irrigated Areas	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Animal Pens/Corrals	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Storm Water Structures (infiltration trenches, detention ponds, culverts, v-ditches, outfalls, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Groundwater Management Structures (curtain drains, sump pumps, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Retaining Walls	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Graded/Fill Areas (building pads, cut banks, berms, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Garbage Enclosures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Animal Washing	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Winery Crush Pads	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Bridges	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Other Structures with Footings (fences, play structures, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N



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OWTS INVENTORY ¹							
OWTS No.	STRUCTURES CONNECTED TO OWTS ²	AGE OF OWTS	WASTEWATER TYPE	OWTS TYPE	TANKS	Dispersal System	
		Date Installed: Age: <input type="checkbox"/> Unknown	<input type="checkbox"/> Residential <input type="checkbox"/> Non-residential <input type="checkbox"/> Process	<input type="checkbox"/> Standard OWTS <input type="checkbox"/> Advanced OWTS <input type="checkbox"/> Cesspool/Seepage Pit <input type="checkbox"/> Holding Tank <input type="checkbox"/> Portable Toilet <input type="checkbox"/> Vault Toilet <input type="checkbox"/> Composting Toilet	<input type="checkbox"/> Septic <input type="checkbox"/> Pump <input type="checkbox"/> Siphon <input type="checkbox"/> Grinder/Ejector <input type="checkbox"/> Treatment <input type="checkbox"/> Flow Equalization <input type="checkbox"/> Holding Tank <input type="checkbox"/> Grease Interceptor	<input type="checkbox"/> Gravity Trench <input type="checkbox"/> Pressure Dosed Trench <input type="checkbox"/> Drip (Subsurface) <input type="checkbox"/> Drip (Surface) <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound <input type="checkbox"/> Cover Fill <input type="checkbox"/> Evaporation Pond	<input type="checkbox"/> Primary Installed <input type="checkbox"/> Secondary Installed <input type="checkbox"/> Reserve Identified <input type="checkbox"/> Diversion Valve Installed <input type="checkbox"/> Community Dispersal System

Notes:

Attach additional sheets if site has more than one OWTS on property. Page ____ of ____ submitted

1 = Include a site map numbering all OWTS listed in the tables

2 = List Structure number identified on Page 4 of the Questionnaire



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Onsite Wastewater Treatment System (OWTS)

Questionnaire

OWTS No. ¹ _____ - TANK INSPECTION									
	Septic	Pump	Siphon	Grinder	Treatment	Flow Equalization	Holding	Grease Interceptor	
Material	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal	
Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Capacity	Gallons: <input type="checkbox"/> Unknown	Gallons: <input type="checkbox"/> Unknown	Gallons: <input type="checkbox"/> Unknown	Gallons: <input type="checkbox"/> Unknown	Gallons: <input type="checkbox"/> Unknown	Gallons: <input type="checkbox"/> Unknown	Gallons: <input type="checkbox"/> Unknown	Gallons: <input type="checkbox"/> Unknown	
Lids at Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how deep are lids buried	
Risers on Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lids Secure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lids in acceptable condition <input type="checkbox"/> Lids damaged <input type="checkbox"/> Unknown

Notes:

Attach additional sheets if site has more than one OWTS on property.



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Onsite Wastewater Treatment System (OWTS)

Questionnaire

OWTS No. ¹ _____ - TANK INSPECTION (AFTER PUMPING)								
	Septic	Pump	Siphon	Grinder	Treatment	Flow Equalization	Holding	Grease Interceptor
Gallons Pumped	Gallons:	Gallons:	Gallons:	Gallons:	Gallons:	Gallons:	Gallons:	Gallons:
Effluent Filter Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Functioning Properly
Effluent Filter Cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baffle in Place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structurally Sound
Watertight (no visual leaks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signs of Corrosion or Structural Failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracks Present <input type="checkbox"/> Rebar Exposed <input type="checkbox"/> Concaved or bulging <input type="checkbox"/> Fracture or Flaking
Signs of Root Intrusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

Attach additional sheets if site has more than one OWTS on property.

OWTS ENCROACHMENT

Is the OWTS free from encroachment?	Primary dispersal field	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Driveways <input type="checkbox"/> Utility easements <input type="checkbox"/> Patios <input type="checkbox"/> Decks <input type="checkbox"/> Ground mounted solar panels <input type="checkbox"/> Other structures with footing or foundations	<input type="checkbox"/> Livestock <input type="checkbox"/> Gardening <input type="checkbox"/> Vehicular traffic <input type="checkbox"/> Construction <input type="checkbox"/> Trees <input type="checkbox"/> Pets <input type="checkbox"/> Other
	Secondary dispersal field	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Driveways <input type="checkbox"/> Utility easements <input type="checkbox"/> Patios <input type="checkbox"/> Decks <input type="checkbox"/> Ground mounted solar panels <input type="checkbox"/> Other structures with footing or foundations	<input type="checkbox"/> Livestock <input type="checkbox"/> Gardening <input type="checkbox"/> Vehicular traffic <input type="checkbox"/> Construction <input type="checkbox"/> Trees <input type="checkbox"/> Pets <input type="checkbox"/> Other
	Reserve dispersal field	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Driveways <input type="checkbox"/> Utility easements <input type="checkbox"/> Patios <input type="checkbox"/> Decks <input type="checkbox"/> Ground mounted solar panels <input type="checkbox"/> Other structures with footing or foundations	<input type="checkbox"/> Livestock <input type="checkbox"/> Gardening <input type="checkbox"/> Vehicular traffic <input type="checkbox"/> Construction <input type="checkbox"/> Trees <input type="checkbox"/> Pets <input type="checkbox"/> Other
	Tanks	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Driveways <input type="checkbox"/> Utility easements <input type="checkbox"/> Patios <input type="checkbox"/> Decks <input type="checkbox"/> Other structures with footing or foundations	<input type="checkbox"/> Livestock <input type="checkbox"/> Gardening <input type="checkbox"/> Vehicular traffic <input type="checkbox"/> Construction <input type="checkbox"/> Trees <input type="checkbox"/> Other



Alameda County Department of Environmental Health Land Use Program

1131 Harbor Bay Pkwy, Alameda, CA 94502

Phone: 510-567-6700 ♦ Fax: 510-337-9335 ♦ Web: www.acgov.org/aceh/landuse

Onsite Wastewater Treatment System (OWTS) Questionnaire

OWTS OPERATION				
Have any of the following problems been observed with the OWTS?	Slow Drainage of plumbing fixtures or backup into house	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Year round <input type="checkbox"/> Seasonal <input type="checkbox"/> After heavy rainfall <input type="checkbox"/> Occasional for unexplained reason	
	Wet areas in leachfield area?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Year round <input type="checkbox"/> Seasonal <input type="checkbox"/> After heavy rainfall <input type="checkbox"/> Occasional for unexplained reason	
	Odors in the leachfield area?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Year round <input type="checkbox"/> Seasonal <input type="checkbox"/> After heavy rainfall <input type="checkbox"/> Occasional for unexplained reason	
	Liquid on the ground surface?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Year round <input type="checkbox"/> Seasonal <input type="checkbox"/> After heavy rainfall <input type="checkbox"/> Occasional for unexplained reason	
How often is the septic tank pumped?	<input type="checkbox"/> More than once a year <input type="checkbox"/> Once a year <input type="checkbox"/> After heavy rainfall <input type="checkbox"/> Occasional for unexplained reason			
	Approximately when was the septic tank last pumped?			
Has the OWTS ever been repaired?	<input type="checkbox"/> Y <input type="checkbox"/> N	Year	Problem	Type of Repair Work
Was the repair work effective?	<input type="checkbox"/> Y <input type="checkbox"/> N			
Are there irrigation wells on the property, and if so how many?	<input type="checkbox"/> Y <input type="checkbox"/> N	No of irrigation wells:		
Are there inactive or abandoned wells on the property, and if so how many?	<input type="checkbox"/> Y <input type="checkbox"/> N	No of inactive/abandoned wells:		

Sketch of System *(or provide on a separate sheet)*

For reproducible results, show dimensions from structures that will not change, such as corners of the house. Show details, such as the road, in relation to the house to get the correct orientation. Show all located components

Scale: _____ square/s = _____ ft Comment:

