

PROPERTY CONVEYANCE INSPECTION & EVALUATION REPORT

Onsite Sewage Disposal Systems

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

SITE ADDRESS
Street Address
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	State	Zip/Postal

APPLICATION TYPE
<input type="checkbox"/> Evaluation of Onsite Sewage System <input type="checkbox"/> Re-Evaluation of Onsite Sewage System - Site Visit Required <input type="checkbox"/> Re-Evaluation of Onsite Sewage System – No Site Visit Required Important: Incomplete information may result in the need for re-evaluation. The following information must be completed prior to submitting the Evaluation of Onsite Sewage System for Property Conveyance: <ul style="list-style-type: none"> <input type="checkbox"/> Record of Onsite Sewage System Approval is available (If not a Record Drawing must be created and attached). <input type="checkbox"/> The septic system drainfield is clear or lightly vegetated to facilitate a complete inspection. <input type="checkbox"/> For Gravity Onsite Sewage Systems: <ul style="list-style-type: none"> <input type="checkbox"/> The septic tank has been inspected and/or pumped within the last 3 years. <input type="checkbox"/> For Alternative Systems: <ul style="list-style-type: none"> <input type="checkbox"/> I am contracted with a Health District certified monitoring and maintenance specialist. <input type="checkbox"/> The required annual or semi-annual inspections have been completed.

PROPERTY DETAILS								
Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If not, date vacated: _____ <input type="checkbox"/> Dogs or other constraints are present, preventing access to the septic system area (including reserve and tanks). If checked the inspector will contact you to schedule an appointment.								
<table border="1"> <tr> <td>Number of Bedrooms:</td> <td>Year Home Built:</td> <td colspan="2">If the current owner is not the original owner OR the address has changed please provide the following:</td> </tr> <tr> <td> </td> <td> </td> <td>Original (first) Property Owner:</td> <td>Original (first) Property Address:</td> </tr> </table>	Number of Bedrooms:	Year Home Built:	If the current owner is not the original owner OR the address has changed please provide the following:				Original (first) Property Owner:	Original (first) Property Address:
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Report Recipient and Contact Information				
<input type="checkbox"/> Please mail the report				
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