

Aeration Notification

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	Mail State	Mail Zip/Postal

AERATION DETAILS

General:

Repair Survey attached? (required):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dispersal System Construction:	<input type="checkbox"/> Clay / Concrete Tile	<input type="checkbox"/> Chambers	<input type="checkbox"/> Gravel & Plastic Pipe
Onsite Sewage System (OSS) Disposal Permit Information:	<input type="checkbox"/> The OSS has an approved permit <input type="checkbox"/> The OSS does not have a permit, but meets Policy 10 requirements		
Date of Aeration procedure: _____			

AERATION OPERATOR INFORMATION AND ACKNOWLEDGMENT

Company Performing Aeration Procedure	Company Phone Number

Certification Statement:
 By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge. I understand that failure to complete any of the requirements set forth within the Drainfield Aeration Policy may result in an administrative proceeding related to my certification and that missing information may result in additional fees billed to me at the hourly rate by the Health District. In addition to the information provided above I have:

- Only performed the aeration procedure on a permitted OSS or an OSS that meets the requirements of Policy #10.
- Provided the property owner with an aeration acknowledgment and agreement for signature, and that the agreement contains language informing the owner that the aeration procedure may cause harm to the dispersal system, ultimately resulting in replacement of the entire onsite sewage system (attached).
- Informed the property owner that a Monitoring & Maintenance contract must be in place within 10 days of the aeration procedure and shall be held for a period of 1 year (2 inspections required).

Certified Installer or Maintenance Specialist First & Last Name	Signature of Certified Individual	Date