

**SELF-MONITORING FORM WLS-037**  
**Nonstandard Septic System - Site Inspection Report**

Site Address: \_\_\_\_\_

System Type: (Mound, P.D., Other) Site ID No.: OPR \_\_\_\_\_ - \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.
4. Switch diversion valve (if you have one) annually, or as specified on approved septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Keep expansion areas unencumbered.

On the back of this form, sketch a layout of your system. Please number the performance wells (previously known as monitoring well). A copy of your septic plans should be available from the designer/consultant who drew them or a plan should be available at the County to look at. Refer to bulletin #3, aka WLS-014 (provided by the County) for help with this form.

**Performance Well Information: *IMPORTANT - take readings in March ONLY***

Well number	Distance from the top of the ground to the top of the water (if dry, write "dry")	Well number	Distance from the top of the ground to the top of the water (if dry, write "dry")
1	_____ inches	6	_____ inches
2	_____ inches	7	_____ inches
3	_____ inches	8	_____ inches
4	_____ inches	9	_____ inches
5	_____ inches	10	_____ inches

**Control/Alarm Box Information:**

Does Audible Alarm work? \_\_\_Yes\_\_\_No  
 Does Alarm Light work? \_\_\_Yes\_\_\_No  
 Does the system have a Dose Counter? \_\_\_Yes\_\_\_No  
 Does Dose Counter advance in the manual mode? \_\_\_Yes\_\_\_No

Do you have a diversion valve? \_\_\_Yes\_\_\_No  
 Which field is it serving? \_\_\_\_\_

**Fill out the information below if you have a dose counter:** (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading	_____	Today's date	_____
Previous dose counter reading	_____	Date of previous counter reading	_____
Number of doses	_____	Number of days	_____

Number of doses divided by number of days = \_\_\_\_\_doses per day  
 Times gallons per dose\* for your system = \_\_\_\_\_gallons per day (for this specific time period) System is designed for: \_\_\_\_\_gallons per day

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

**General Condition of System - Note any maintenance/repairs done on system since last monitoring, ie: tank pumped, alarm repaired, pump replaced, system purged & balanced and by who.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspection By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please complete this form any day within the month of March, then return to this office.*

**We suggest that you keep a copy of this site inspection to complete future forms.**

Our mailing address is:  
**County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403**  
 Should you have any questions, please call (707) 565-1691