

Marin County Environmental Health Services

3501 Civic Center Drive, Room 236, San Rafael, CA 94903 (415) 473-6907

Email: marinehs@marincounty.gov

Alternative System Inspection Report

Date of inspection: _____	Owner Name: _____
Property Address: _____	
System Type: _____	Year finalized: _____

Groundwater level is not to exceed _____ inches. Per Operating Permit, daily flow not to exceed _____ GPD

Pump 1: Design Dose (gallons): _____ Design Pump Run Time: _____

Pump 2: Design Dose (gallons): _____ Design Pump Run Time: _____

Items to be corrected from last inspection:	Corrected?	Items to be corrected from last inspection:	Corrected?

Water Use (from water bills in GPD): _____ Average Daily Sewage Flow (GPD): _____

Today's dose counter data (show calculation): _____

Today's ETM data (show calculation): _____

Recirculation dose count: _____ Recirculation ETM: _____ Recirculation Ratio: _____

Field Pressure/s: _____ Flush Functions: ☐ Yes ☐ No Flow Meter Data: _____

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Abnormality Noted

Comments

Tanks(s) & Basin(s):

Tank risers & lids	_____	_____
Sanitary tees	_____	_____
Liquid level	_____	_____
Scum & sludge thickness	_____	_____
Unexplained flow	_____	_____
Alarm & pump controls	_____	_____
Signs of past pump failure	_____	_____
Expected effl. clarity in sump	_____	_____

Disposal Field(s)

Inaccessibility	_____	_____
Field condition	_____	_____
Paving/grading/construction	_____	_____
Valve boxes	_____	_____
Insp./monitoring wells	_____	_____
Selective fertility	_____	_____
Seepage/Sfc'g effluent	_____	_____
Erosion or drainage	_____	_____
Animals/insects	_____	_____

Other Concerns

_____	_____	_____
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Do any of the following tanks need pumping? Septic tank Recirculation tank Sump tank Other _____

When were the tanks last pumped? _____

Diversion Valve setting: _____

Enter the depth of water in monitoring wells and inspection ports where applicable.

Measure from surface grade and record total depth of well. e.g. 47" / 49" for 2" of water in a 49" hole.

MW____:____ MW____:____ MW____:____ MW____:____ MW____:____ MW____:____ MW____:____

MW____:____ MW____:____ MW____:____ MW____:____ MW____:____ MW____:____ MW____:____

Additional Inspection Notes:

Any concerns specific to the technology of the system? Any known recent repairs to the system?
List all maintenance conducted.

Signature of Inspector: _____ Print Name of Inspector: _____

Check one box:

☐ Inspection completed by EHS Staff - *This inspection is cursory only and does not include maintenance. EHS strongly encourages owners to employ a service provider who can perform maintenance at a frequency appropriate for your system.*

☐ Inspected by Consultant – Name of Company: _____

NOTE: The consultant inspection report is due to EHS annually by December 31st.