County of Santa Cruz Environmental Health Service 701 Ocean St., Room 312, Santa Cruz, CA, 95060 (831) 454-2022

File Information Summary - Onsite Sewage and Water Source Evaluation

DISCLAIMERS:

separate 2. Informa 3. The Cor	ely maintained by other County departments, non-County go ation may require updating, supplementing, or validation at t unty does not guarantee the completeness or accuracy of the port and the information it contains is valid only as of the fol	ne time of application. information contained in this report. lowing date:
	By	
APN:	Site Address:	Developed Lot: Yes No
	westing Evaluation:Mailing Address	S:
Possible	More Info Needed a. Septic system installed under permit Ye b. Noted Percolation rate measu c. Tank size: material: d. Leach field system: size type e. Alternative technology: Yes No f. Expansion area: on plot plan: Yes No g. Other system components: diversion val h. System on easement: Yes No i. Can use repair standards: Yes No; Do j. Copy of septic plot plan available: Yes History of Septic System Performance: a. Date of last pumping report and results: b. Tank condition: c. High level or backflow: Yes d. Failing: Yes No e. Frequency of pumping: f. Date of last inspection and results: g. Date of any complaint or problem and h Number of bedrooms per Assessor's record Likely requirements for bedroom addition: None Dispersal System Upgrade Tank Upgrade Enhanced Treatment Verification of groundwater separation Cannot be determined Septic system meets standards for bedro Parcel size: Minimum Parcel size Possible or Confirmed Constraints: a. Clay Soil, Slow percolation: b. Sandy Soil/Fast Percolation: c. High Groundwater: d. Slope/embankments/slope stability: e. Floodplain/Stream/drainage way: f. Other Constraints? Water Quality/Quantity: a. Water Source: Well Shared System	s No Permit finaled (Date) red estimated installation date: e D-box, or date Type OSSP (Service Provider) Unknown ves, greywater sump, pumps: Easement is with APN te of Initial Septic Development: No Attached No Septimated bedroom number per septic permit on file Down: Cannot determine required per Sec
		ptable state standards treatment:
	d. Bacteria: Bacteria levels exceeding accept e. Yield: Date Recor	able state standards treatment:
	f. Well Permit: Yes No Finalled:	(Date)
Comments:		