



**County of San Bernardino • Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

www.sbcounty.gov/dehs

PRIVATE SEWAGE DISPOSAL SYSTEM CERTIFICATION

Applicant shall complete top 3 lines only. Certification shall be completed, on both sides, by a licensed contractor (A, B, or C-42) or other qualified professional (R.P.E., C.E.G., R.E.H.S., etc.) Use n/a where necessary. For information, please call 909-387-4666.

Property Owner:	Applicant Name:
Property Address: 1036 Venus Way	APN: 0338-224-05
Type of Project (Specify) TR, PM, CUP, DR, LUR, etc:	File Index Number:

Number of Units	Garbage Disposal Y ☒ N ☐	Tank Last Pumped (mo. / yr.) 2/26
Bedrooms 3	Vacant Y ☐ N ☒ How Long (yrs.)	Tank Age (yrs.) N/A
Bathrooms 2	Basement Y ☒ N ☐	Disposal Area Age (yrs.) N/A

Commercial Development	Type of Fixtures (per UPC) Indicate type and number of each			
	Total Number of Fixture Units ☐	Grease Interceptor ☐	Clarifier ☐	None ☐

Type of Septic Tank (Specify) Poly	Dimensions (L x W x D) (ft.) 10' x 5' x 5'
Type of Cover (Specify) Poly	Tank Capacity (Gallons) 1000 No. of Compartments 2
Specify Any Damage or Defects Observed:	

Type of Disposal Area	Seepage Pit ☐ Leachlines ☒ Other ☐ (Specify)
Distance From Well N/A ft.	Distance from Foundation N/A ft.
Distance from Nearest Lot Line ☐ Front ☐ Side ☐ Rear	
Specify Any Damage or Defects Observed:	

Seepage Pits	Number of Pits	Outside Diameter (ft.)	Depth (ft.)
	Depth of Pit Below Inlet (ft.)		Lining Material (Specify)

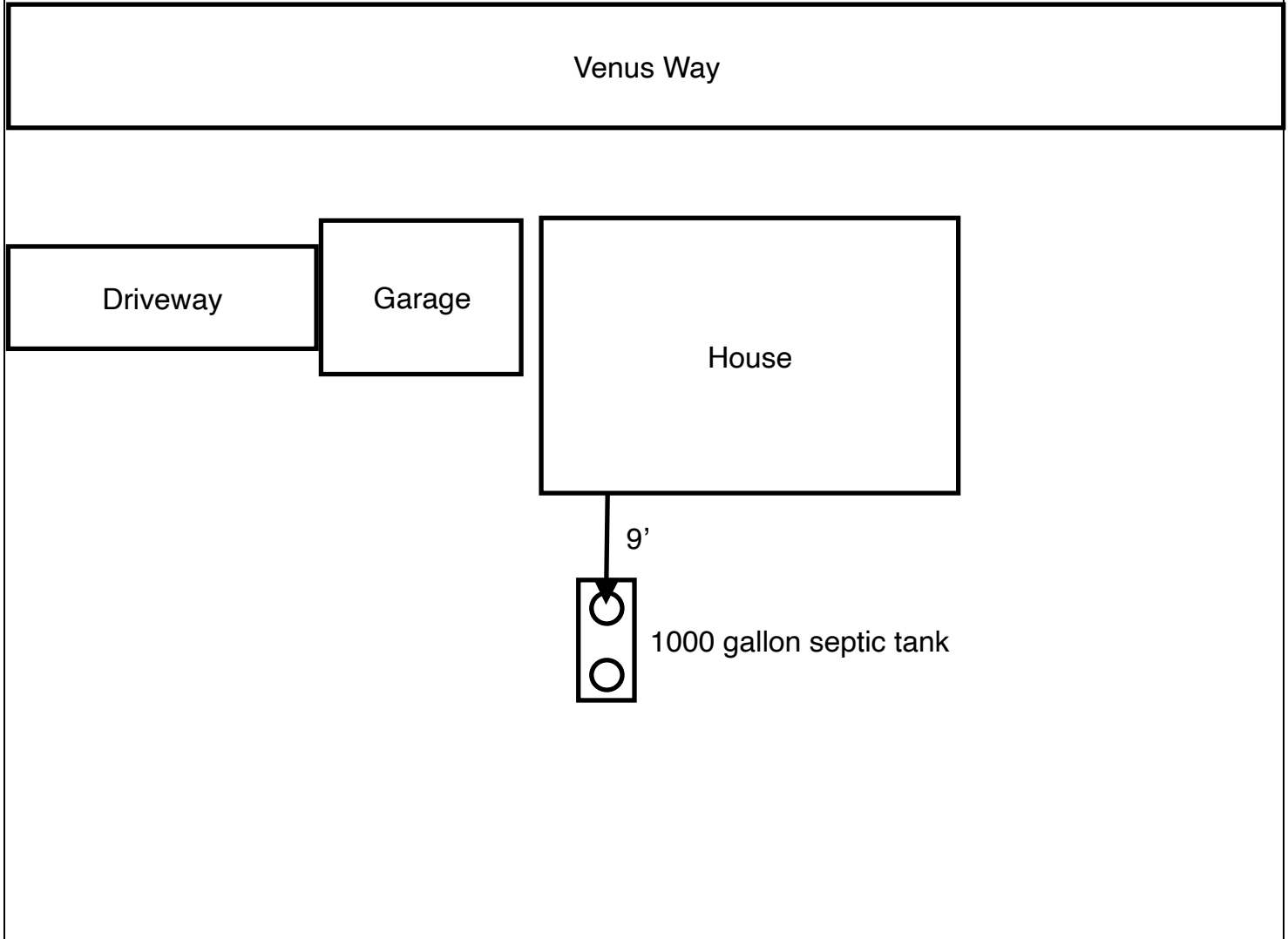
Leachlines N/A	Number of Lines N/A	Trench Width (in.) N/A	Average Length of Lines (ft.) N/A
	Total Absorption Area (sq. ft.) Bottom of Trenches		Depth (in.) Finish Grade to Top of Line
	Distance Between Lines (ft.)		Type of Filter Material Beneath Line
	Depth of Material Above Line (in.)		Depth of Material Beneath Line (in.)

Specify Indications of Previous System Failures (Odors, Seepage, etc.): <i>Use Additional paper if necessary</i>			
Not responsible for building permits or building codes. Septic system appears to be functioning at present time.			
Dye Test	Y ☐ N ☒	Hydraulic Test	Y ☒ N ☐
NOTE: Attach test results and copies of building permits.			

Tank & Disposal Area Information

In the space provided, show the location of the septic tank and disposal area in relation to the buildings and other landmarks (i.e. wells, trees, shrubs, driveways, parking, paving, drainage courses, property lines).

Upon receipt, owner/buyer/ and or seller acknowledges no expressed warranty. With regards to permits, property lines, and longevity. The above understand this certification is a disclosure of what and where sewage disposal system is located for house.



It is the opinion of the certifier that this sewage disposal system, ☐ Meets current code, ☒ Can be expected to function satisfactorily and is not likely to create any unsanitary conditions. OR ☐ Cannot be expected to function satisfactorily.

Date:	Signature:	Type of License:	Reg. Number:	Expiration:
2/12/26		A, C-42	363126	7-26
Name of Certifier: Sean Bennett		Address: PO Box 1520 Crestline, Ca. 92325		

For DEHS Use Only

Reviewed By:		Date:
☐ Approved	☐ Not Approved - Reason	