



## CERTIFICATION OF EXISTING ONSITE WASTEWATER TREATMENT SYSTEM

**APPLICANT INSTRUCTIONS:**

**SEE REVERSE SIDE FOR FURTHER INFORMATION**

1. "Setback" Certification Applications require the submittal of the following:  
 (Complete sections 1, 2, 3, and 9, below)
  - a. Zoning clearance verification from RMA/Planning Division
  - b. Three copies of a plot plan with system design specification
2. "Full" Certification Applications require the submittal of the following:  
 (Complete all sections 1 – 9, below)
  - a. Zoning clearance verification from RMA/Planning Division
  - b. One copy of the Septic Tank Pumping Inspection Report
  - c. Three copies of a plot plan with system design specifications
  - d. One copy of the floor plan of the structure(s)
  - e. One copy of the RMA/EHD form, "Bedroom Equivalents and Fixture Units Worksheet"
3. This application expires 180 days from the date fees are received.

**NOTE:** Any repair or modification of the existing OWTS must be completed before the OWTS will be certified. Additional information may be required depending upon review of above requested information.

1. **SITE INFORMATION**  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Assessor's Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. **MAILING INFORMATION**  
 Owner Name \_\_\_\_\_ Telephone No. \_\_\_\_ / \_\_\_\_  
 Owner Mailing Street Address, City, Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Check here if Owner and Applicant are the same.  
 Applicant Name \_\_\_\_\_ Telephone No. \_\_\_\_ / \_\_\_\_  
 Applicant Mailing Street Address, City, Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

3. **TYPE OF PROJECT AND SQUARE FOOTAGE** *(check appropriate box and indicate square footage of proposed construction)*  
 Project Description: \_\_\_\_\_  
 \_\_\_ Residential Remodel \_\_\_\_\_ sq. ft.      \_\_\_ Commercial/Industrial Remodel \_\_\_\_\_ sq. ft.  
 \_\_\_ Other *(Specify)* \_\_\_\_\_ sq. ft.

4. **DESCRIPTION OF STRUCTURE**  
 a. Bedroom equivalents\*                      Existing: \_\_\_\_\_ + Proposed: \_\_\_\_\_ = Total: \_\_\_\_\_  
    *\* As determined from the attached EHD form, "Bedroom Equivalents and Fixture Units Worksheet"*  
 b. Plumbing fixture units\*                    Existing: \_\_\_\_\_ + Proposed: \_\_\_\_\_ = Total: \_\_\_\_\_  
    *\* As determined from the attached EHD form, "Bedroom Equivalents and Fixture Units Worksheet"*

5. **DISTANCE FROM NEAREST WATER WELL**  
 Septic Tank: \_\_\_\_\_ feet              Sewage Dispersal System: \_\_\_\_\_ feet

6. **DISTANCE FROM LAKES, STREAMS, OCEAN WATERS AND NATURAL DRAINAGE COURSES:**  
 Septic Tank: \_\_\_\_\_ feet              Sewage Dispersal System: \_\_\_\_\_ feet

7. **TYPE OF DISPERSAL SYSTEM**  
 Leach Line \_\_\_    Seepage Pit \_\_\_    Mound \_\_\_    Subsurface Sand Filter \_\_\_

8. **CAPACITY OF SEPTIC TANK:** \_\_\_\_\_ gallons

9. **READ AND SIGN:** I certify under penalty of perjury that the foregoing is true and correct and that the accompanying Septic Tank Pumping Inspection Report is accurate:  
 \_\_\_\_\_  
 Signature of Applicant/Authorized Representative                      Date

**FOR OFFICE USE ONLY**

Received by \_\_\_\_\_ Date \_\_\_\_\_  
 Amount Received \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

**TECHNICAL STAFF REVIEW:**  
 Meets criteria for Onsite Wastewater Treatment System  
 \_\_\_\_\_  
 Environmental Health Specialist                      Date





## I. WHICH TYPE OF CERTIFICATION DO YOU NEED?

- A. **"SET BACK" CERTIFICATION** certifies that a proposed structure meets all required set back distances to the Onsite Wastewater Treatment System (OWTS). A "set back" certification is intended for projects that will **NOT** add plumbing fixture units or bedroom equivalents to the existing structure. Applicable projects for setback certification include the following:

accessory structure with no plumbing	patio cover	spa
barn or garage with no plumbing	pond	sport court
carport	pool	raised deck
enlarging the footprint of a home	pop-out bay window	tennis court
gazebo		

- B. A **"FULL" CERTIFICATION** certifies all set back **AND** capacity requirements of the OWTS for a proposed structure. A full certification is intended for projects where any plumbing fixture units or bedroom equivalents are added to an existing structure.

## II. PROCEDURES FOR COMPLETING AN APPLICATION FOR A "SET BACK" CERTIFICATION OF AN EXISTING OWTS.

- STEP 1** Obtain a zoning clearance verification from the RMA/Planning Division.
- STEP 2** Submit a completed CERTIFICATION OF EXISTING OWTS form.
- STEP 3** Submit three copies of a scaled (1 in. = 20 ft., 1 in. = 40 ft., or 1 in. = 50 ft.) plot plan with system design specifications. Requirements for plot plan are described in Section III below (Step 4).
- STEP 4** Submit one copy of the floor plan of the structure(s). Carports, gazebos, ponds, pools, spas, sport court, tennis courts, and similar structures do not require the submission of a floor plan.

## III. PROCEDURES FOR COMPLETING AN APPLICATION FOR A "FULL" CERTIFICATION OF AN EXISTING OWTS.

- STEP 1** Obtain a zoning clearance verification from the RMA/Planning Division.
- STEP 2** Submit a completed CERTIFICATION OF EXISTING OWTS form.
- STEP 3** Submit one copy of the Septic Tank Pumping Inspection Report. Each OWTS must be pumped by a licensed septic tank pumper to show compliance with the Ventura County Building Code.
- STEP 4** Submit three copies of a scaled (1 in. = 20 ft., 1 in. = 40 ft, or 1 in. = 50 ft.) plot plan with system design specifications. The plot plan must include:
1. All existing and proposed structures
  2. Septic tank(s)
  3. Distribution box - if applicable
  4. Leach line(s), seepage pit(s), sand filtration bed, mound, or ATU
  5. 100% expansion area
  6. Water wells within 300 feet of the sewage disposal system
  7. Property lines and easements
  8. Trees
  9. Lakes or streams (intermittent or live)
  10. Paved areas (including driveway)
  11. Water lines (public mains and on-site distribution lines)
  12. Existing on-site sewage systems
  13. Public sewer lines
- STEP 5** Submit one copy of the floor plan of the structure(s) depicting all existing and proposed plumbing fixtures and rooms.
- STEP 6** Submit a completed RMA/EHD "Bedroom Equivalents and Fixture Units Worksheet" form.