



MENDOCINO COUNTY - DIVISION OF ENVIRONMENTAL HEALTH
 UKIAH 707-463-4466 FORT BRAGG 707-961-2714
CERTIFICATE OF COMPLETION for ON-SITE SEWAGE SYSTEM

ST#: _____ Address: _____

ANSWER: YES - NO - NA

SOIL ABSORPTION UNIT

1. _____ Located in approved area?
2. _____ Is soil consistent with SER?
3. _____ Trench depth per SER design?
4. _____ Trench width per SER design?
5. _____ Trench length per SER design?
6. _____ Gravel depth per SER design?
7. _____ Distribution per SER design (equal,serial,P-D)?
8. _____ Lateral Pipe type & size as per SER design?
9. _____ Lateral pipe at proper grade?
10. _____ Perforations size and spacing per SER design?
11. _____ P-D minimum squirt height per SER design?
12. _____ Flush valves&air relief valves per SER design?
13. _____ Inspection risers properly installed?
14. _____ Piping properly supported prior to backfill?
15. _____ Piping connections secure/non-shrink grout?
16. _____ Cover soil appropriate?
17. _____ Soil surface to be covered properly scarified?
18. Cover elevations: BM _____ Grade _____ Diff _____
 BM _____ Cover _____ Diff _____

SEPTIC TANK

19. _____ Volume as per SER design?
20. _____ Material as per SER design?
21. _____ Free of cracks or leaks?
22. _____ Level installation?
23. _____ Effluent Filter present?
24. _____ Drainage directed away from all risers?
25. _____ Non-shrink grout used on piping?

PUMP TANK & CONTROLS

26. _____ Volume per design?
27. _____ Material per SER design?
28. _____ Pump and Control Panel per SER design?
29. _____ Float switches per SER design positions?
30. _____ Timer set as per SER design specifications?
31. _____ Emergency reserve capacity as per SER design?
32. _____ Automatic controls tested and functional?
33. _____ Filter wash & flush cycles as per SER design?
34. _____ Drainage directed away from all risers?
35. _____ Pump check-valve properly seats?
36. _____ Auto Diversion Valve functional?
37. _____ Wiring secure at splices & vapor proof?
38. _____ Grommets into riser watertight?
39. _____ Non-shrink grout used on piping?
40. _____ Discharge pipe type & size as per SER design?
41. _____ Pump vault screen removable for maintenance?
42. _____ Effluent meter per SER design?

GROUNDWATER INTERCEPT DRAIN

43. _____ Located in approved area?
44. _____ Proper setbacks preserved?
45. _____ Impervious layer along entire length?
46. _____ Proper depth per SER design?
47. _____ Proper length per SER design?
48. _____ Trench grade per SER design?
49. _____ Drain Pipe type & size as per SER design?
50. _____ Inspection risers per SER design?
51. _____ Outlet properly screened per SER design?

Mendocino County Code Sec. 16.08.050 Inspection After Installation. The Health Department may make such investigations and inspections after completion as may be necessary to determine that the plans and specifications approved in the permit have been complied with; and, if it finds that said plans and specifications have not been complied with, it shall be the duty of the installer to make the corrections. (Ord. No. 1107 (part), adopted 1973; Ord. No. 3685 Sec. 6, adopted 1988.)

APPROVED _____ CORRECTIONS REQUIRED: Above must be corrected prior to re-inspection.

Installer: _____ Date: _____ Health Official: _____