

## OCTOBER 2019 SELF-MONITORING FORM

Non-Standard System – Site Inspection Report

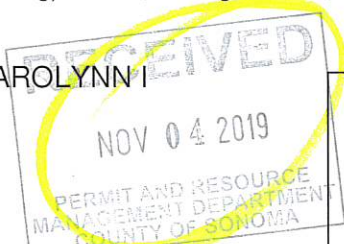
Site Address : 21998 ANSEL CT, TIMBER COVE  
 System Type: PDP  
 Owner: CASE RONALD A & ABST CAROLYNN I

Variable Inspection: Type I  
 Site ID #: OPR06-4312  
 Gallons/Day: 360  
 Gal/Dose: 74  
 APN: 109-430-006

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

Phone: 415-351-3900

CASE RONALD A & ABST CAROLYNN I  
 21995 ANSEL CT  
 JENNER, CA 95450



Please check here and provide PRMD with your email address if you would like to receive communications electronically in the future.  
 Email:

**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Keep expansion areas unencumbered.
4. Switch diversion valve annually, or as specified on septic plans.
5. For those with pre-treatment units, please call us for a list of contractors who can service them.
6. Purge and balance system every 1 to 2 years by a C42 or Engineering Contractor familiar with these systems.

**Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells.** A copy of your septic plans should be available from the consultant/designer or at the County. Bulletin WLS-014 is available at [www.sonoma-county.org/prmd/docs/handouts/wls-014.pdf](http://www.sonoma-county.org/prmd/docs/handouts/wls-014.pdf) or call us for a mailed copy.

Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY")						Control/Alarm Box Information:	Yes/No N/A
Well #'s below should match your attached map/plan							
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	
1	D inches	5	D inches	9	D inches	Audible Alarm work?	y
2	D inches	6	D inches	10	D inches	Alarm Light work?	y
3	D inches	7	D inches	11	D inches	Is there a Dose Counter	y
4	D inches	8	D inches	12	inches	Dose Counter advance in manual mode?	

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	1815	Today's Date	10-10-19	Number of doses divided by number of days = .70 doses/day. Multiply by 74 gallons per dose* for your system = 52 gallons per day (average for this specific time period). System is designed for: 360 gallons per day.
Previous reading (from your form)	1659	Date of (your) previous reading	3-1-19	
Number of doses	156	Number of days	224	

\* Gallons per day and Gallons per Dose are located at the upper right corner of this form, or available from the septic plans.

**Note all maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system. If you have a diversion valve, note which field it is serving this period.**

\_\_\_\_\_

\_\_\_\_\_

Inspection By: Advanced Septic Date: 10/10/19

Any questions, call (707) 565-2849. **Please complete this form within the month of October 2019 and return to:** County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403

### MARCH 2019 SELF-MONITORING FORM Non-Standard System – Site Inspection Report

Site Address : 21998 ANSEL CT, TIMBER COVE  
System Type: PDP

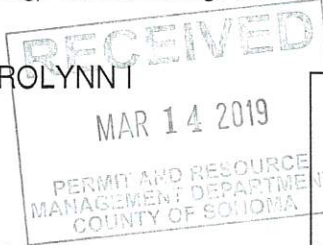
Variable Inspection: Type I  
Site ID #: OPR06-4312  
Gallons/Day: 360  
Gal/Dose: 74  
APN: 109-430-006

Owner: CASE RONALD A & ABST CAROLYNN I

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

Phone: 415-351-3900

CASE RONALD A & ABST CAROLYNN I  
21995 ANSEL CT  
JENNER, CA 95450



Please check here and provide PRMD with your email address if you would like to receive communications electronically in the future.  
Email:

**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units, please call us for a list of contractors who can service them.
- Purge and balance system every 1 to 2 years by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Bulletin WLS-014 is available at [www.sonoma-county.org/prmd/docs/handouts/wls-014.pdf](http://www.sonoma-county.org/prmd/docs/handouts/wls-014.pdf) or call us for a mailed copy.

Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY") Well #'s below should match your attached map/plan						Control/Alarm Box Information:	Yes/No N/A
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	YES
1	DRY inches	5	33 inches	9	42 inches	Audible Alarm work?	YES
2	46 inches	6	DRY inches	10	DRY inches	Alarm Light work?	YES
3	43 inches	7	36 inches	11	30 inches	Is there a Dose Counter	YES
4	40 inches	8	37 inches	12	inches	Dose Counter advance in manual mode?	YES

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	1659	Today's Date	3-1-19	Number of doses divided by number of days = $0.58$ doses/day. Multiply by 200 gallons per dose* for your system = 116 gallons per day (average for this specific time period). System is designed for: 360 gallons per day.
Previous reading (from your form)	1567	Date of (your) previous reading	10-3-18	
Number of doses	92	Number of days	159	

\* Gallons per day and Gallons per Dose are located at the upper right corner of this form, or available from the septic plans.

**Note all maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system. If you have a diversion valve, note which field it is serving this period.**

BRUSHED LINES IN THE AX UNIT.

Inspection By: ADVANCED SEPTIC

Date: 3/1/19

Any questions, call (707) 565-2849. Please complete this form within the month of March 2019 and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403



**MARCH 2018 SELF-MONITORING FORM**  
**Non-Standard System – Site Inspection Report**

Site Address : 21995 ANSEL CT JENNER  
 System Type:

Variable Inspection: Type I  
 Site ID #: OPR 06-4312  
 Gallons/Day:  
 Gal/Dose:  
 APN:

Owner: RONALD CASE

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

Ronald Case  
21995 ANSEL CT  
JENNER, CA. 95150

Phone:

Please check here and provide PRMD with your email address if you would like to receive communications electronically in the future.  
 Email:

**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units, please call us for a list of contractors who can service them.
- Purge and balance system every 1 to 2 years by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Bulletin WLS-014 is available at [www.sonoma-county.org/prmd/docs/handouts/wls-014.pdf](http://www.sonoma-county.org/prmd/docs/handouts/wls-014.pdf) or call us for a mailed copy.

Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY")						Control/Alarm Box Information:	Yes/No N/A
Well #'s below should match your attached map/plan							
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	
1	D inches	5	D inches	9	D inches	Audible Alarm work?	
2	D inches	6	D inches	10	40" inches	Alarm Light work?	
3	D inches	7	32" inches	11	D inches	Is there a Dose Counter	
4	48" inches	8	D inches	12	inches	Dose Counter advance in manual mode?	

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	<u>1064</u>	Today's Date	<u>4/4/18</u>	Number of doses divided by number of days = <u>.63</u> doses/day. Multiply by <u>100</u> gallons per dose* for your system = <u>63.3</u> gallons per day (average for this specific time period). System is designed for: _____ gallons per day.
Previous reading (from your form)	<u>1370</u>	Date of (your) previous reading	<u>12/6/17</u>	
Number of doses	<u>80</u>	Number of days	<u>150</u>	

\* Gallons per day and Gallons per Dose are located at the upper right corner of this form, or available from the septic plans.

Note all maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system. If you have a diversion valve, note which field it is serving this period.

NEED TO INSTALL DOSE COUNTER

RTU 108494

Inspection By: ADVANCED SEPTIC

Date: 4/4/18

Any questions, call (707) 565-2308. Please complete this form within the month of March and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403

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APR 16 2018

PERMIT AND RESOURCE  
MANAGEMENT DEPARTMENT  
COUNTY OF SONOMA

**SELF-MONITORING FORM**  
**Nonstandard Septic System - Site Inspection Report**

Site Address: 21995 ANSEL CT. JENNER  
 System Type: (Mound, P.D., Other) Site ID No.: OPR06 - 4312  
 Owner's Name: CASE RONALD Telephone: \_\_\_\_\_  
 Mailing Address: 21995 ANSEL CT.  
 City: JENNER State: CA Zip: 95450

**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Keep expansion areas unencumbered.
4. Switch diversion valve annually, or as specified on septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

On the back of this form, sketch a layout of your system. Please number the wells. A copy of your septic plans should be available from the consultant who drew them or available at the County. Refer to form WLS-014 (provided by the County) for help with this form.

**Monitoring Well Information: IMPORTANT - take readings in October ONLY**

Distance from the top of the ground to the top of the water (if dry, write "dry")						Control/Alarm Box Information:	Y/N
Well #		Well #		Well #		Does system have a pump?	
1	D inches	5	D inches	9	D inches	Audible Alarm work?	Y
2	D inches	6	D inches	10	D inches	Alarm Light work?	Y
3	D inches	7	D inches	11	inches	Is there a Dose Counter	Y
4	D nches	8	D inches	12	inches	Dose Counter advance in manual mode?	Y

It is NOT necessary to mail this form in October, just to monitor.

Fill out the information below if you have a dose counter: (if you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading	<u>1376</u>	Today's date	<u>12-6-17</u>	Number of doses divided by number of days = _____ doses per day. Times _____ gallons per dose* for your system = _____ gallons per day (for this specific time period). System is designed for: <u>360</u> gallons per day.
Previous dose counter reading	<u>1165</u>	Date of previous counter reading	<u>3-6-17</u>	
Number of doses		Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

General Condition of System - Do you have a diversion valve? Which field is it serving? Note any maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?).

Inspection By: SAKAI GENERAL ENGINEERING Date: 12/6/17

Please complete this form within the month of October, and return to this office. Any questions, please call (707) 565-1691. We suggest that you keep a copy of this site inspection to complete future forms.

Our mailing address is:  
 County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403

**RECEIVED**  
DEC 11 2017  
PERMIT AND RESOURCE  
MANAGEMENT DEPARTMENT  
COUNTY OF SONOMA

**SELF-MONITORING FORM**  
Nonstandard Septic System - Site Inspection Report

PERMIT AND RESOURCE  
 MANAGEMENT DEPARTMENT  
 COUNTY OF SONOMA  
 APR - 5 2017

Site Address: 21995 ANSEL CT.  
 System Type: (Mound, P.D., Other) \_\_\_\_\_ Site ID No.: OPR 06 - 4312  
 Owner's Name: CASE RONALD & ABST <sup>CAROLYNN</sup> Telephone: ( ) \_\_\_\_\_  
 Mailing Address: 21995 ANSEL CT.  
 City: JENNER State: CA Zip: 95450

**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.
4. Switch diversion valve (if you have one) annually, or as specified on approved septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Keep expansion areas unencumbered.

On the back of this form, sketch a layout of your system. Please number the performance wells (previously known as monitoring well). A copy of your septic plans should be available from the designer/consultant who drew them or a plan should be available at the County to look at. Refer to bulletin #3, aka WLS-014 (provided by the County) for help with this form.

**Performance Well Information: IMPORTANT - take readings in October ONLY**

Well number	Distance from the top of the ground to the top of the water (If dry, write "dry")	Well number	Distance from the top of the ground to the top of the water (If dry, write "dry")
1	DRY inches	6	DRY inches
2	DRY inches	7	DRY inches
3	DRY inches	8	DRY inches
4	DRY inches	9	DRY inches
5	DRY inches	10	DRY inches

**Control/Alarm Box Information:**

Does Audible Alarm work?  Yes  No  
 Does Alarm Light work?  Yes  No  
 Does the system have a Dose Counter?  Yes  No  
 Does Dose Counter advance in the manual mode?  Yes  No  
 Do you have a diversion valve?  Yes  No  
 Which field is it serving? \_\_\_\_\_

Fill out the information below if you have a dose counter: (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading	<u>1165</u>	Today's date	<u>3-6-17</u>
Previous dose counter reading	<u>1099</u>	Date of previous counter reading	<u>10-11-16</u>
Number of doses	<u>66</u>	Number of days	<u>146</u>

Number of doses divided by number of days = 0.45 doses per day  
 Times 74 gallons per dose\* for your system = 33 gallons per day (for this specific time period)  
 System is designed for: 360 gallons per day

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

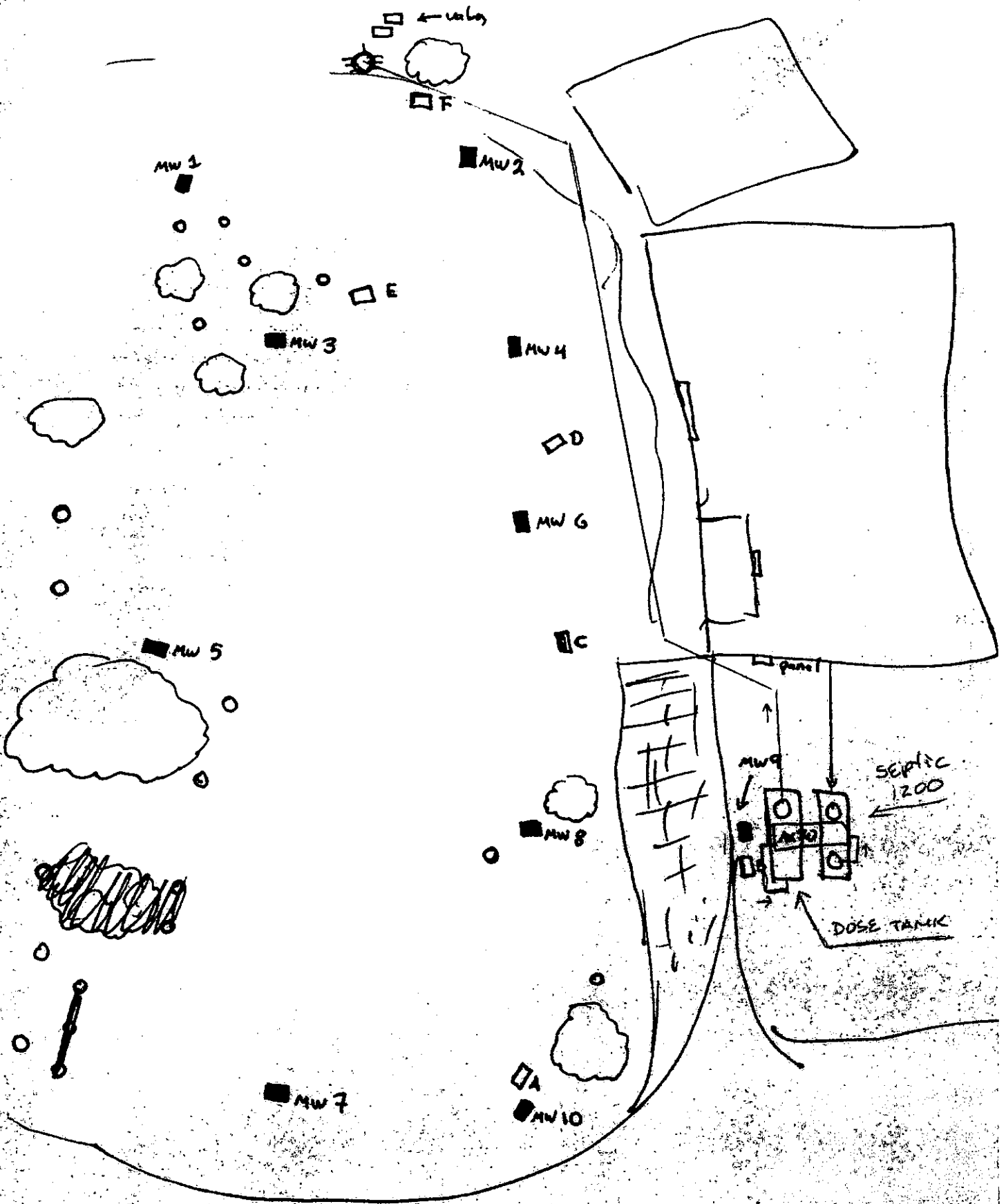
**General Condition of System - Note any maintenance/repairs done on system since last monitoring, ie: tank pumped, alarm repaired, pump replaced, system purged & balanced and by who.**

Inspection By: SAKAI GENERAL ENGINEERING Date: 3/6/17

Please complete this form any day within the month of ~~October~~ MARCH, then return to this office.

**We suggest that you keep a copy of this site inspection to complete future forms.**

Our mailing address is:  
 County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403  
 Should you have any questions, please call (707) 565-1691



RON CASE



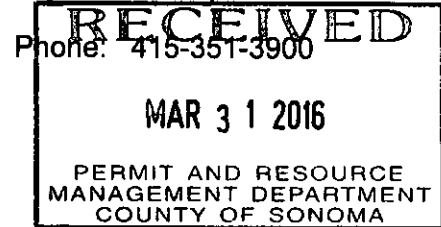
**MARCH 2016 SELF-MONITORING FORM**  
Non-Standard System – Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
System Type: Pressure Dist. Pretreatment

Variable Inspection: 3  
Site ID #: OPR06-4312  
Gallons/Day: 360  
Gal/Dose: 74  
APN: 109430006

Owner: CASE RONALD A & ABST CAROLYNN I

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below



CASE RONALD A & ABST CAROLYNN I  
21995 ANSEL CT  
JENNER CA 95450

**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form) Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY") Well #'s below should match your attached map/plan						Control/Alarm Box Information:	Yes/No N/A
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	
1	DRY inches	5	DRY inches	9	DRY inches	Audible Alarm work?	YES
2	DRY inches	6	DRY inches	10	DRY inches	Alarm Light work?	YES
3	DRY inches	7	30 inches	11	inches	Is there a Dose Counter	YES
4	DRY inches	8	DRY inches	12	inches	Dose Counter advance in manual mode?	YES

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	940	Today's Date	2/16/16	Number of doses divided by number of days = ___ doses per day. Multiply by ___ gallons per dose* for your system = ___ gallons per day (average for this specific time period). System is designed for: ___ gallons per day.
Previous reading (from your form)		Date of (your) previous reading		
Number of doses		Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or available from the septic plans.

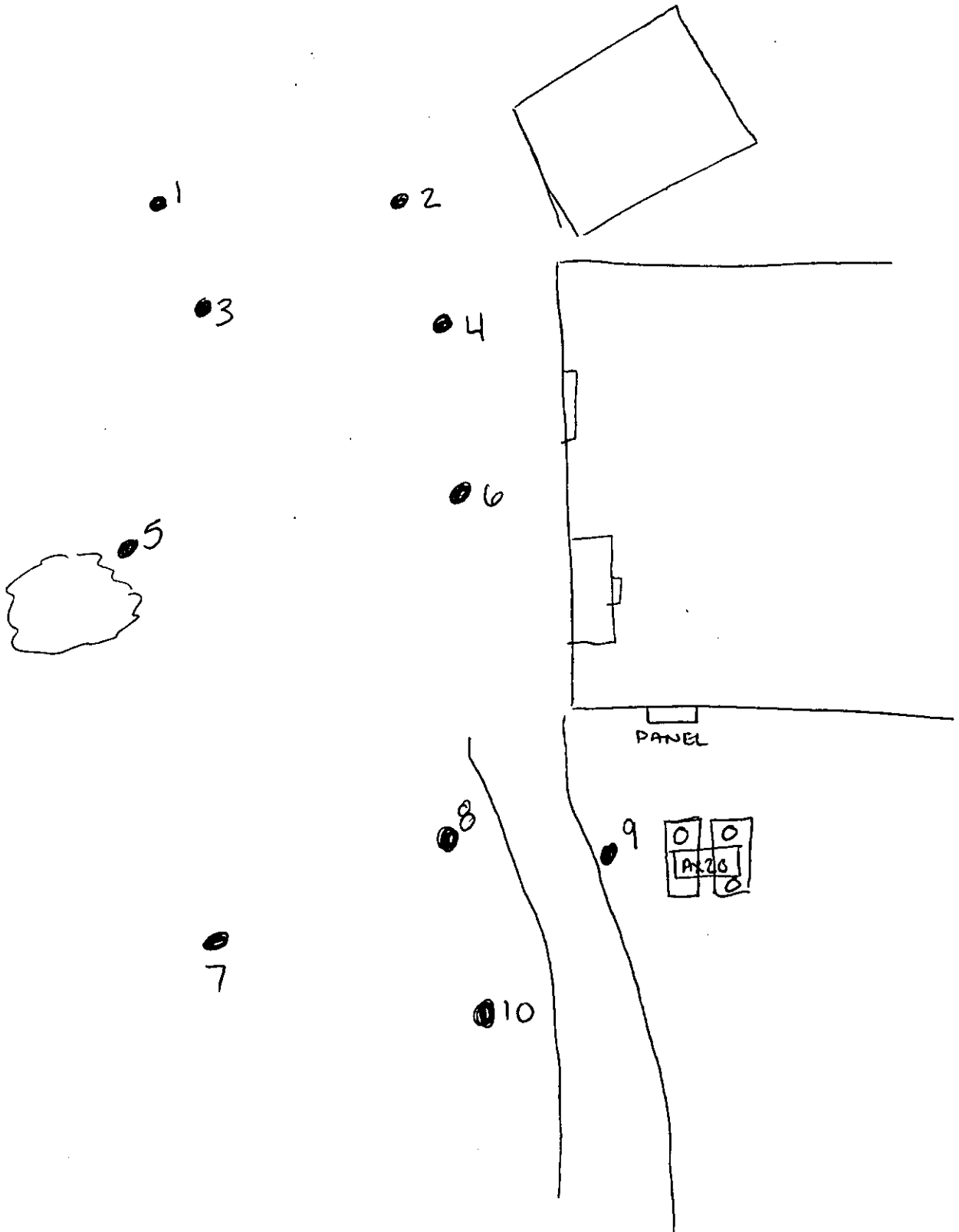
**Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)**

FIRST VISIT TO SITE  
SEPTIC TANK PUMPED

Inspection By: SAKAI GENERAL ENGINEERING

Date: 2/16/16

Any questions, please call (707) 565-2308. **Please complete this form within the month of MARCH and return to:** County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403



21995 **SELF-MONITORING FOR**  
 Non-Standard System – Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
 System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
 Site ID #: OPR06-4312  
 Gallons/Day: 360  
 Gal/Dose: 74  
 APN: 109430006

Owner: CASE RONALD A & ABST CAROLYNN I

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

Phone: 415-351-3900

CASE RONALD A & ABST CAROLYNN I  
 1033 POLK STREET  
 SAN FRANCISCO CA 94109

**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form) Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY") Well #'s below should match your attached map/plan						Control/Alarm Box Information:	Yes/No N/A
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	Yes
1	dry inches	5	dry inches	9	dry inches	Audible Alarm work?	Yes
2	dry inches	6	dry inches	10	dry inches	Alarm Light work?	Yes
3	dry inches	7	dry inches	11	dry inches	Is there a Dose Counter	NO
4	dry inches	8	dry inches	12	dry inches	Dose Counter advance in manual mode?	NA

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	NA	Today's Date		Number of doses divided by number of days = _____ doses per day. Multiply by _____ gallons per dose* for your system = _____ gallons per day (average for this specific time period). System is designed for: _____ gallons per day.
Previous reading (from your form)	NA	Date of (your) previous reading		
Number of doses	NA	Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or available from the septic plans.

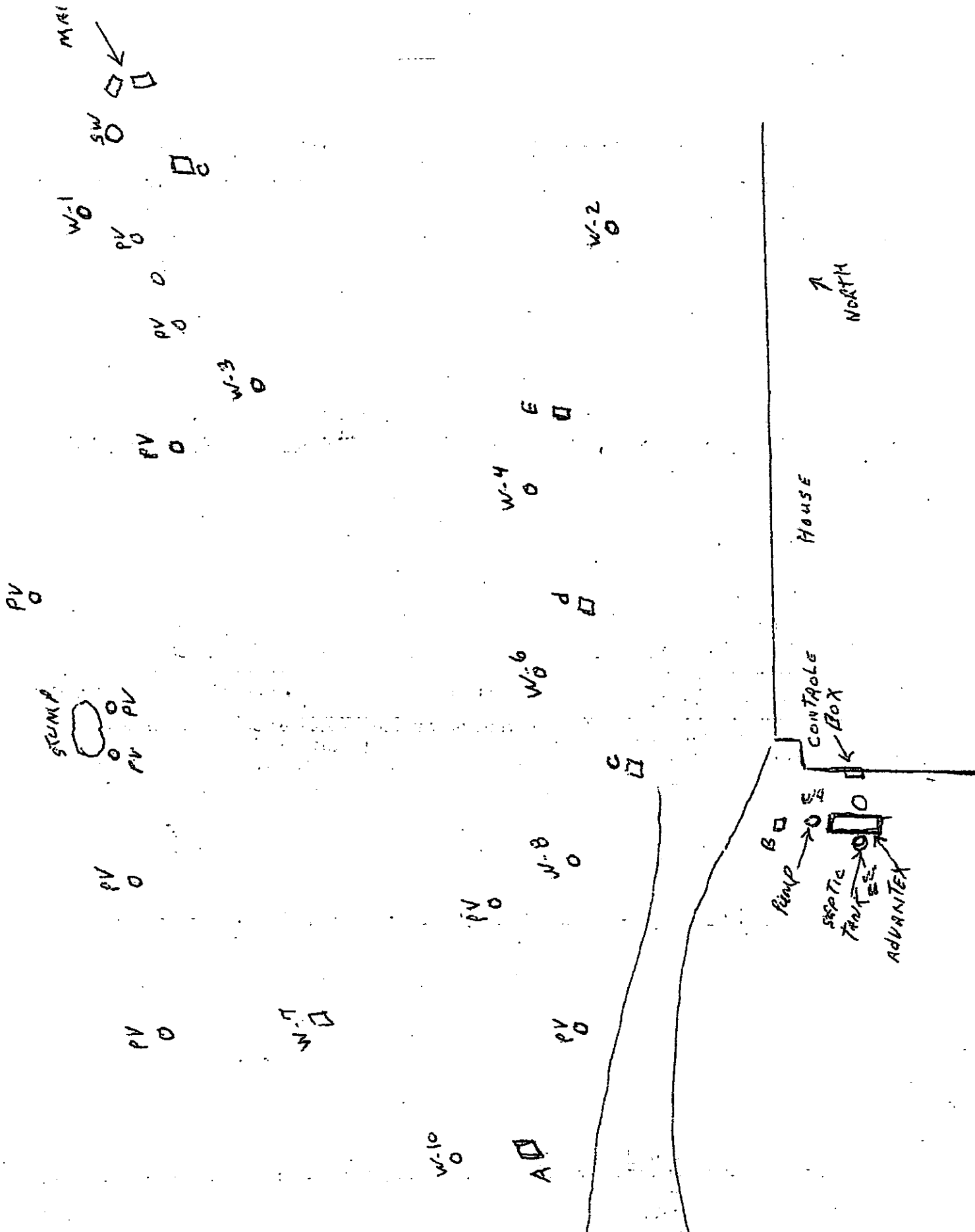
**Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)**

*Cleaned Advantex pod*

Inspection By: *Russell Hayter*

Date: *10/1/15*

Any questions, please call (707) 565-1691. Please complete this form within the month of March and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403



**MARCH 2015 SELF-MONITORING FORM**  
**Non-Standard System – Site Inspection Report**

Site Address: 21998 ANSEL CT TIM  
 System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
 Site ID #: OPR06-4312  
 Gallons/Day: 360  
 Gal/Dose: 74  
 APN: 109430006

Owner: CASE RONALD A & ABST CAROLYNN I

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

Phone: 415-351-3900

CASE RONALD A & ABST CAROLYNN I  
 1033 POLK STREET  
 SAN FRANCISCO CA 94109



**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Keep expansion areas unencumbered.
4. Switch diversion valve annually, or as specified on septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form) Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY") Well #'s below should match your attached map/plan						Control/Alarm Box Information:	Yes/No N/A
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	Yes
1	dry inches	5	dry inches	9	dry inches	Audible Alarm work?	Yes
2	dry inches	6	dry inches	10	dry inches	Alarm Light work?	Yes
3	dry inches	7	dry inches	11	dry inches	Is there a Dose Counter	No
4	dry inches	8	dry inches	12	dry inches	Dose Counter advance in manual mode?	NA

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	NA	Today's Date		Number of doses divided by number of days = _____ doses per day. Multiply by _____ gallons per dose* for your system = _____ gallons per day (average for this specific time period). System is designed for: _____ gallons per day.
Previous reading (from your form)	NA	Date of (your) previous reading		
Number of doses	NA	Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or available from the septic plans.

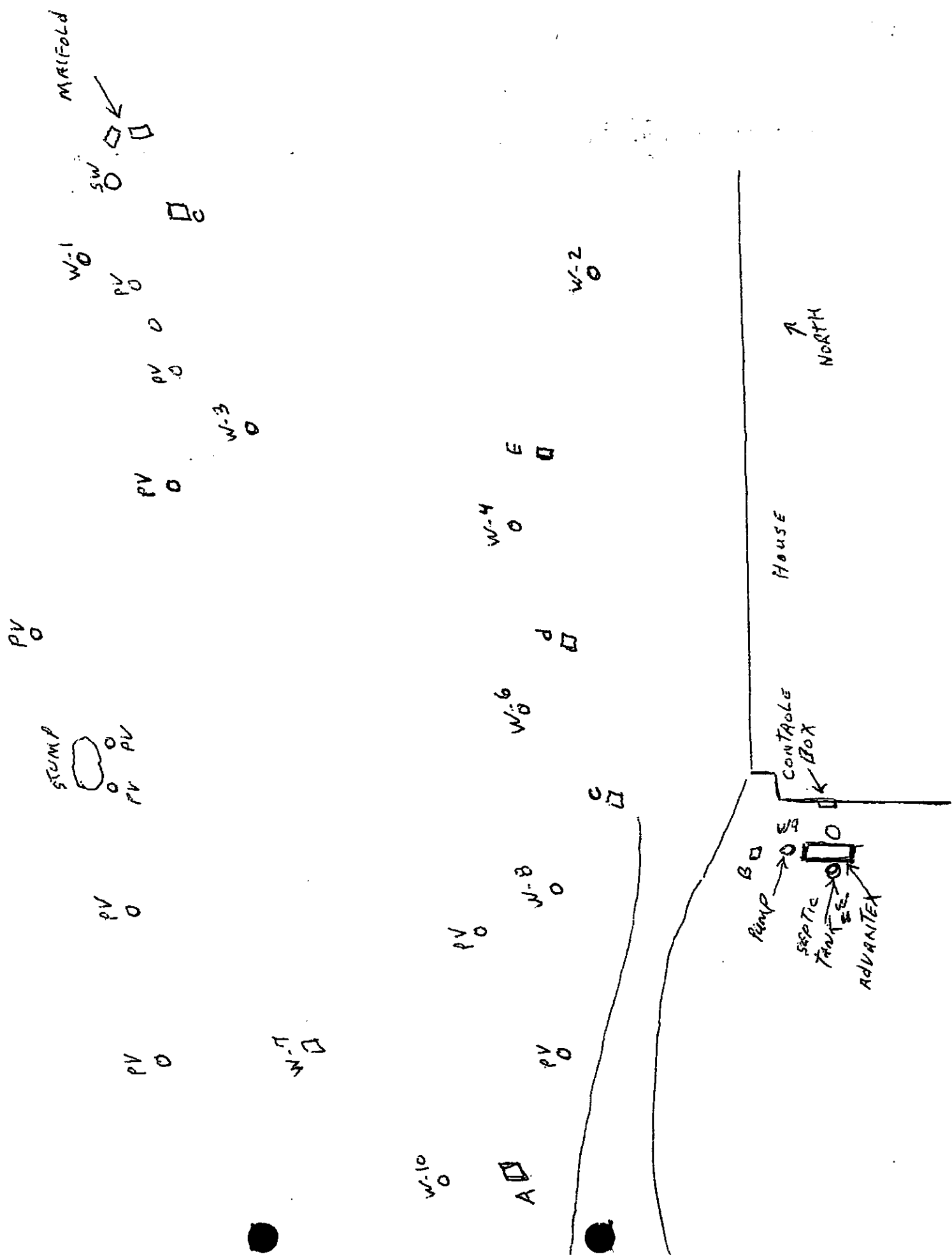
**Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)**

*switched fields - cleaned Advanter pod solids inlet 5x2 / replaced missing bolts in pod*

Inspection By: Russel Hayer

Date: 3/10/15

Any questions, please call (707) 565-1691. Please complete this form within the month of March and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403



2014 Fall SELF-MONITORING FORM  
Non-Standard System – Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
Site ID #: OPR06-4312  
Gallons/Day: 360  
Gal/Dose: 74  
APN: 109430006

Owner: CASE RONALD A & ABST CAROLYNN I

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

CASE RONALD A & ABST CAROLYNN I  
1033 POLK STREET  
SAN FRANCISCO CA 94109

Phone: 415-351-3900

21998 Ansel Ct T.C.



**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form) Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY") Well #'s below should match your attached map/plan						Control/Alarm Box Information:	Yes/No N/A
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	
1	Dry inches	5	Dry inches	9	Dry inches	Audible Alarm work?	Yes
2	Dry inches	6	Dry inches	10	Dry inches	Alarm Light work?	YES
3	Dry inches	7	Dry inches	11	inches	Is there a Dose Counter	NO
4	Dry inches	8	Dry inches	12	inches	Dose Counter advance in manual mode?	NA

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - If you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	NA	Today's Date	10-2-14	Number of doses divided by number of days = ___ doses per day. Multiply by ___ gallons per dose* for your system = ___ gallons per day (average for this specific time period). System is designed for: ___ gallons per day.
Previous reading (from your form)	NA	Date of (your) previous reading	3-3-14	
Number of doses		Number of days		

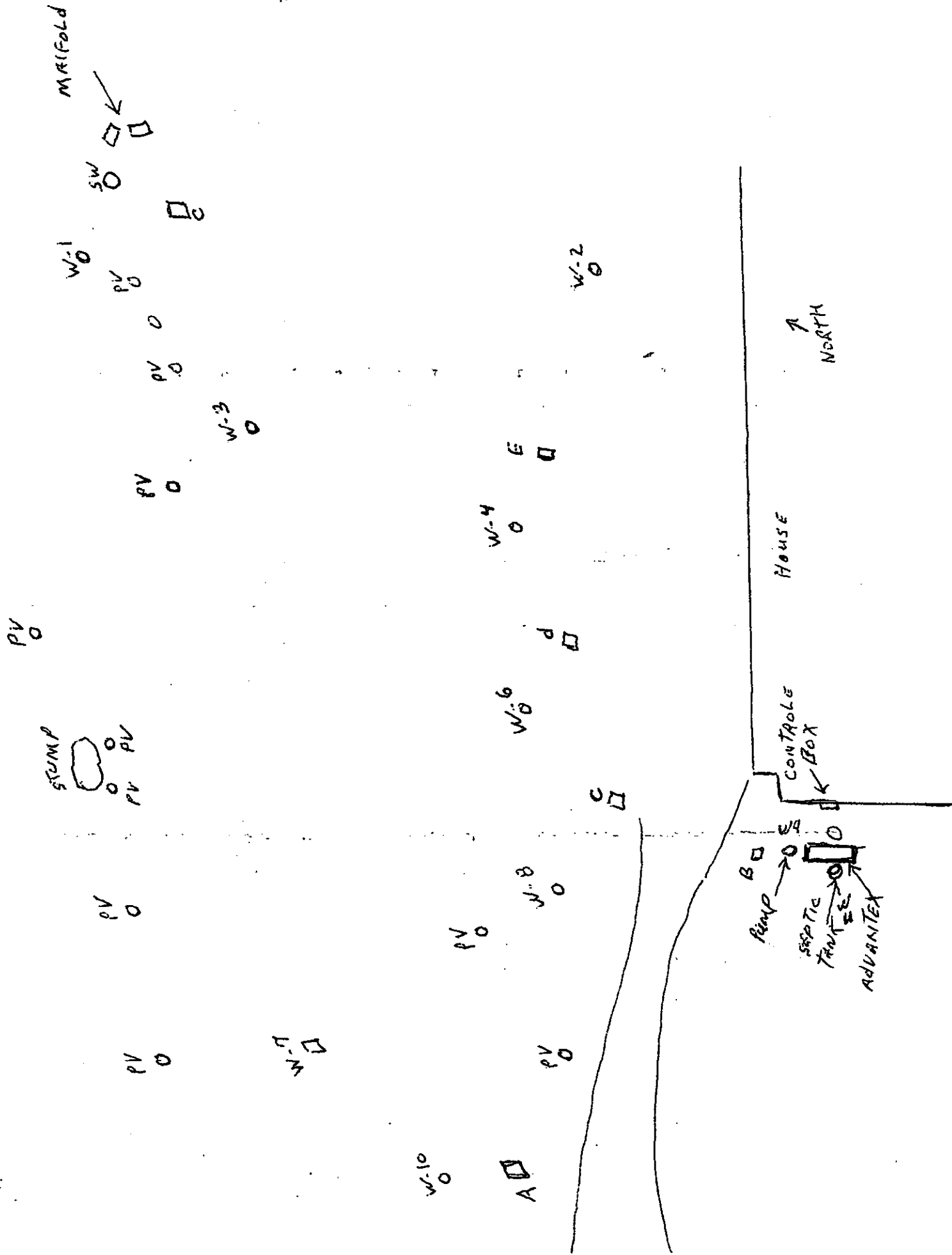
\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or available from the septic plans.

Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)

Cleaned filter media - fabric Advantex  
Cleaned pump screens

Inspection By: Russel Hayter Date: 10/2/14

Any questions, please call (707) 565-1691. Please complete this form within the month of March and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403



**SELF-MONITORING FORM**  
Non-Standard System – Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
Site ID #: OPR06-4312  
Gallons/Day: 360  
Gal/Dose: 74  
APN: 109430006

Owner: CASE RONALD A & ABST CAROLYNN I

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

Phone: 415-351-3900

CASE RONALD A & ABST CAROLYNN I  
1033 POLK STREET  
SAN FRANCISCO CA 94109



**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form) Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY") Well #'s below should match your attached map/plan						Control/Alarm Box Information:	Yes/No N/A
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	
1	Dry inches	5	32 inches	9	Dry inches	Audible Alarm work?	Yes
2	Dry inches	6	Dry inches	10	Dry inches	Alarm Light work?	Yes
3	80 inches	7	31 inches	11	Dry inches	Is there a Dose Counter	NA
4	30 inches	8	38 inches	12	? inches	Dose Counter advance in manual mode?	NA

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	NA	Today's Date	3-13-14	Number of doses divided by number of days = _____ doses per day. Multiply by _____ gallons per dose* for your system = _____ gallons per day (average for this specific time period). System is designed for: _____ gallons per day.
Previous reading (from your form)	NA	Date of (your) previous reading	NA	
Number of doses	NA	Number of days	NA	

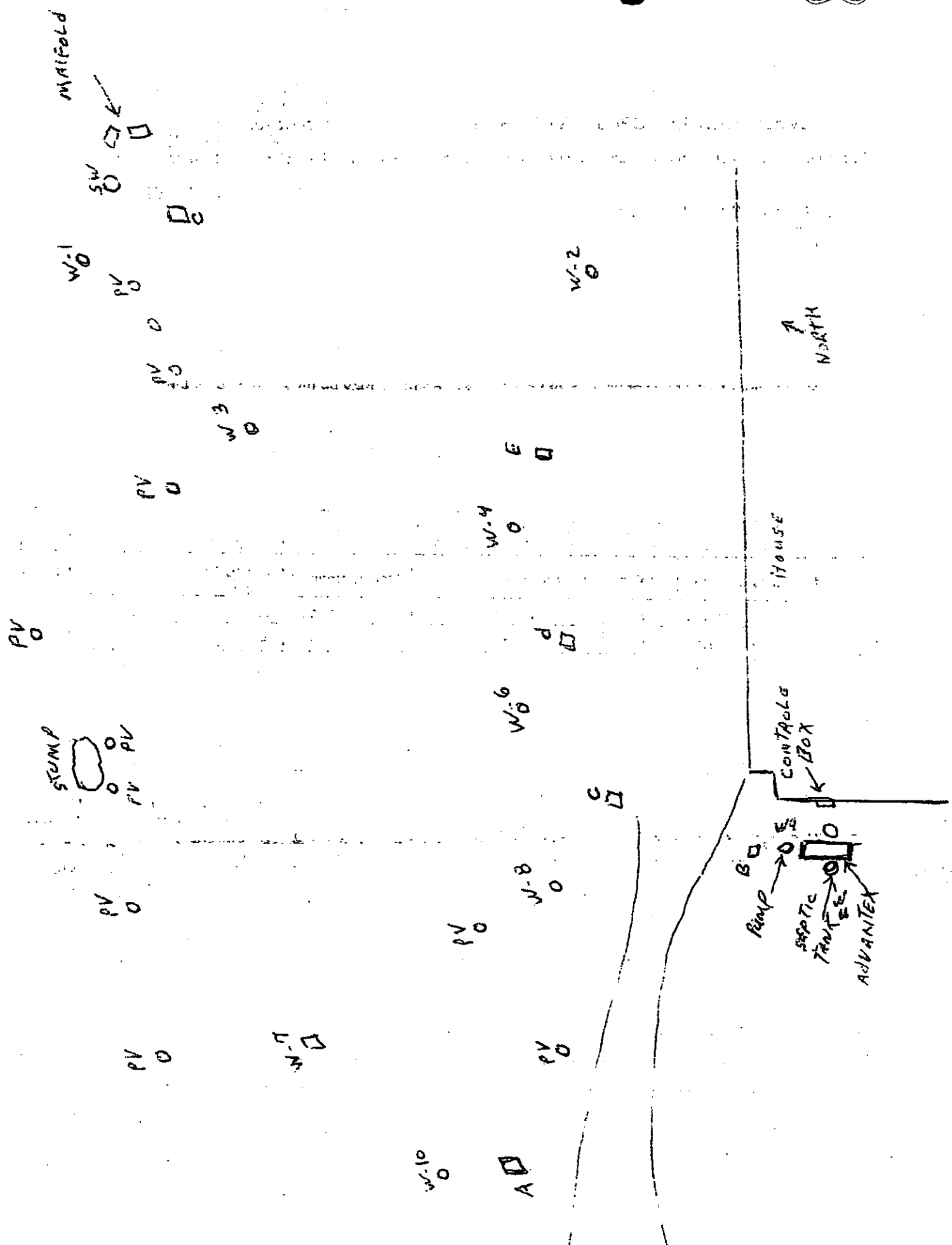
\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or available from the septic plans.

**Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)**

*Unable to locate Well 12 - poss smaller fallen pepper wood tree*

Inspection By: Russell Hoyer Date: 3/13/14

Any questions, please call (707) 565-1691. Please complete this form within the month of March and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403



**SELF-MONITORING FORM**  
 MARCH 2013 Non-Standard System – Site Inspection Report

OPR06-4312

Site Address: 21995 Ansel Court  
 System Type: *advantex*

Variable Inspection:  
 Site ID #  
 Gallons/Day  
 Gal/Dose  
 APN

Owner:

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

CAROLYN ABST  
 1033 Polk St.  
 S.F. CA.  
 94109

Phone  
 415 351-3900



**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from 1 sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form) Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT - take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY")						Control/Alarm Box Information:	Yes/No N/A
Well #'s below should match your attached map/plan							
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	
1	Dry inches	5	10 inches	9	Dry inches	Audible Alarm work?	Yes
2	6 inches	6	Dry inches	10	Dry inches	Alarm Light work?	Yes
3	16 inches	7	9 inches	11	inches	Is there a Dose Counter	NA
4	Dry inches	8	Dry inches	12	inches	Dose Counter advance in manual mode?	NA

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	NA	Today's Date	3-7-13	Number of doses divided by number of days = ___ doses per day. Multiply by ___ gallons per dose* for your system = ___ gallons per day (average for this specific time period). System is designed for: ___ gallons per day.
Previous reading (from your form)	NA	Date of (your) previous reading	NA	
Number of doses	NA	Number of days	NA	

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, located at the top of this form, or available from the septic plans.

**Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)**

*Pool cleaned + flushed*  
*filters cleaned*  
*field purged*

Inspection By: Russel Hyster Date: 3/7/13

Any questions, please call (707) 565-1691. Please complete this form within the month of October and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403

Dont know this info.  
1st time at this address.  
Please Email this form  
with the missing info  
and ill have it for  
next visit.

Thank you  
Lisa Hayer  
Septic Skeptic  
lisa@septic skeptic.com

MARCH 2013 Non-Standard System - Site Inspection Report

Site Address: 21995 Ansel Court  
System Type: *advantex*

Variable Inspection:  
Site ID #:  
Gallons/Day:  
Gal/Dose:  
APN:

Owner:

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

CAROLYN ABST  
1033 Polk St.  
S.F. CA.  
94109

*Confirmed  
10/10/13 says  
NO DOSE  
CTR*

Phone: 415 351-3900

Recommended Maintenance & Reminders:

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Keep expansion areas unencumbered.
4. Switch diversion valve annually or as specified on septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on site supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form. Please keep a copy of this site inspection to complete future forms.

Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED!

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY")						Control/Alarm Box Information:	Yes/No N/A
Well #'s below should match your attached map/plan							
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	
1	Dry inches	5	10 inches	9	Dry inches	Does system have a pump?	Yes
2	6 inches	6	Dry inches	10	Dry inches	Alarm Light work?	Yes
3	16 inches	7	9 inches	11	inches	Is there a Dose Counter	NA
4	Dry inches	8	Dry inches	12	inches	Dose Counter advance in manual mode?	NA

*any time  
meas.  
correctly  
meas. the  
inside well*

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	NA	Today's Date	3-7-13	Number of doses divided by number of days = _____ doses per day. Multiply by _____ gallons per dose* for your system = _____ gallons per day (average for this specific time period). System is designed for: _____ gallons per day.
Previous reading (from your form)	NA	Date of (your) previous reading	NA	
Number of doses	NA	Number of days	NA	

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit - located at the top of this form, or available from the septic plans.

Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)

*Pond cleaned & flushed  
filters cleaned  
field purged*

884-5080

Inspection By: *Russel Hyster*

Date: 3/7/13

Any questions, please call (707) 565-1691. Please complete this form within the month of October and return to: County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403

*Need map*

**OCTOBER 2012 SELF-MONITORING FORM**  
Non-Standard System – Site Inspection Report

21995

Site Address: 21998 ANSEL CT TIM  
System Type: Pressure Dist. Pretreatment  
  
Owner: MOE PAMELA GERGELY

Variable Inspection: 1  
Site ID #: OPR06-4312  
Gallons/Day: 360  
Gal/Dose: 74  
APN: 109430006

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below

Phone: 415-388-8882

MOE PAMELA GERGELY  
125 DEL CASA DR  
MILL VALLEY CA 94941-1306

*351-3900  
New Owners - Jan 2013*  
**ENTERED  
MSM**

**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Keep expansion areas unencumbered.
4. Switch diversion valve annually, or as specified on septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

**Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells.** A copy of your septic plans should be available from the consultant/designer or at the County. Request Form WLS-014 from the County if you need help completing this form) Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MONTH REQUESTED**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY")						Control/Alarm Box Information:	Yes/No N/A
Well #'s below should match your attached map/plan							
Well #	Measurement	Well #	Measurement	Well #	Measurement	Does system have a pump?	YES
1	Dry inches	5	45 inches	9	Dry inches	Audible Alarm work?	YES
2	Dry inches	6	Dry inches	10	43 inches	Alarm Light work?	YES
3	48 inches	7	41 inches	11	Dry inches	Is there a Dose Counter	NO
4	45 inches	8	Dry inches	12	Dry inches	Dose Counter advance in manual mode?	N/A

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Today's Dose Counter Reading	NA	Today's Date	—	Number of doses divided by number of days = ___ doses per day. Multiply by ___ gallons per dose* for your system = ___ gallons per day (average for this specific time period). System is designed for: ___ gallons per day.
Previous reading (from your form)	—	Date of (your) previous reading	—	
Number of doses	—	Number of days	—	

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or available from the septic plans.

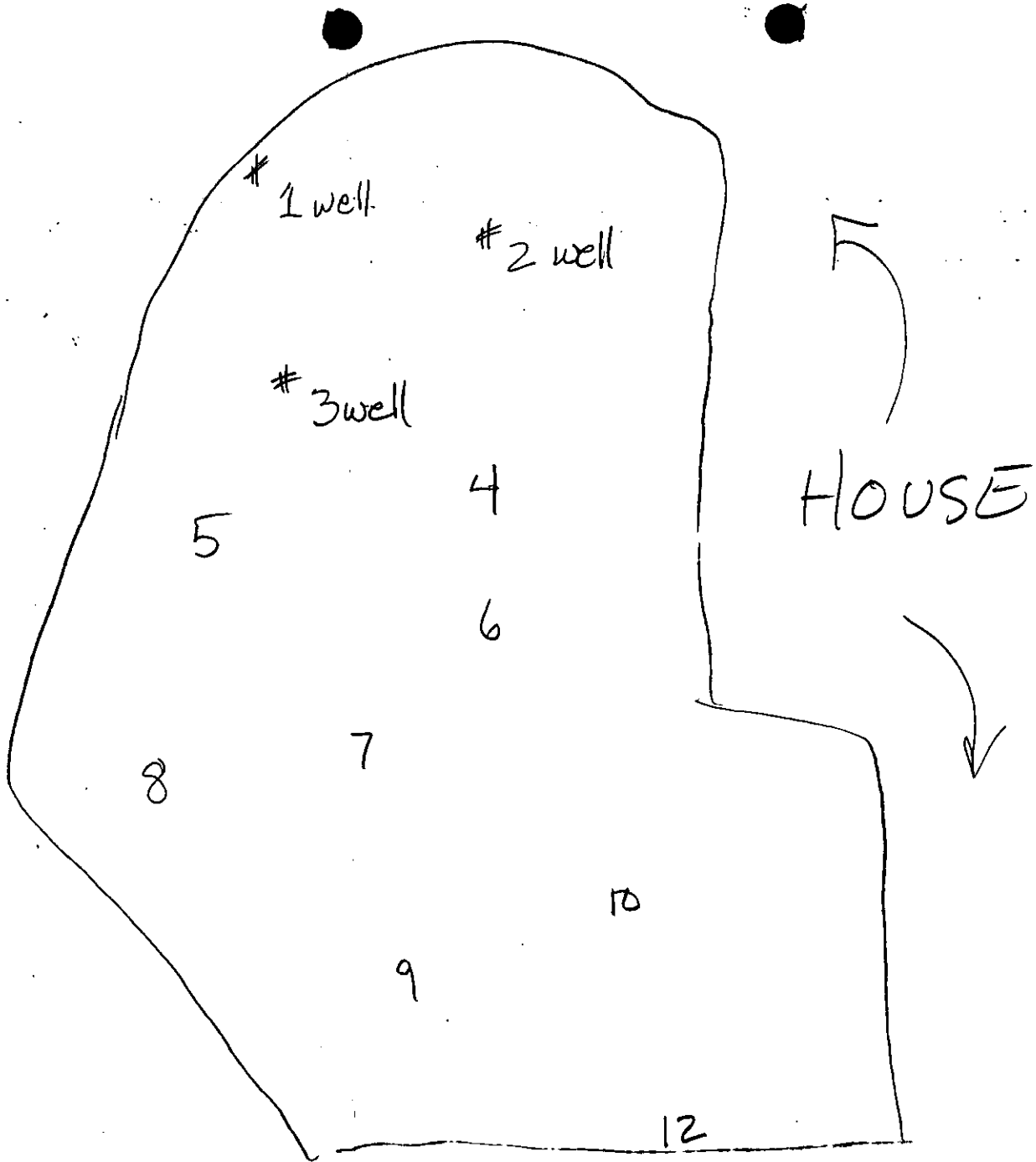
**Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)**

*Every thing looks to be working as planned*

*(Advantex)!*

Inspection By: PAUL MOE

Date: 11, 1, 12



MARCH 2012 SELF-MONITORING FORM  
 -Standard System - Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
 System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
 Site ID#: OPR06-4312  
 Gallons/Day: 360  
 Gallons/Dose: 74  
 APN: 109430006

Owner: MOE PAMELA GERGELY

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below.  
 Phone: 415-388-8882

MOE PAMELA GERGELY  
 125 DEL CASA DR  
 MILL VALLEY CA  
 94941-1306



**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

Sketch a layout of your system on the back of this form (or attach a copy of the plan) & number (#) the wells. A copy of your septic plans should be available from the consultant/designer or at the County. For guidance in filling out this form, refer to Form WLS-014 on our website. Please keep a copy of this site inspection to complete future forms.

**Performance Well Readings: IMPORTANT-take readings in MARCH**

Measure from TOP of Water 'upward' to TOP of Ground (if dry, put "DRY") Well #'s below should match your attached map/plan					Control/Alarm Box Information:	Yes/No N/A
Well #		Well #		Well #	Does system have a pump?	Yes
1	54 inches	5	33 inches	9	50 inches	Yes
2	44 inches	6	53 inches	10	40 inches	Yes
3	32 inches	7	31 inches	11	42 inches	NO
4	28 inches	8	32 inches	12	32 inches	Dose Counter advance in manual mode? N/A

Provide the information below if you have a dose counter: for dual pumps, include dose readings for both - if you have flow meter(s), provide readout (in gallons); call us as needed for guidance on the flow calculations

Current dose counter reading	N/A	Today's date	3/17/12	Number of doses divided by number of days = _____ doses per day. Times _____ gallons per dose* for your system = _____ gallons per day (for this specific time period). System is designed for: _____ gallons per day.
Previous dose counter reading	N/A	Date of previous counter reading		
Number of doses		Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans.

Note maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?) and general condition of system - Do you have a diversion valve? (if so, which field is it serving this period?)

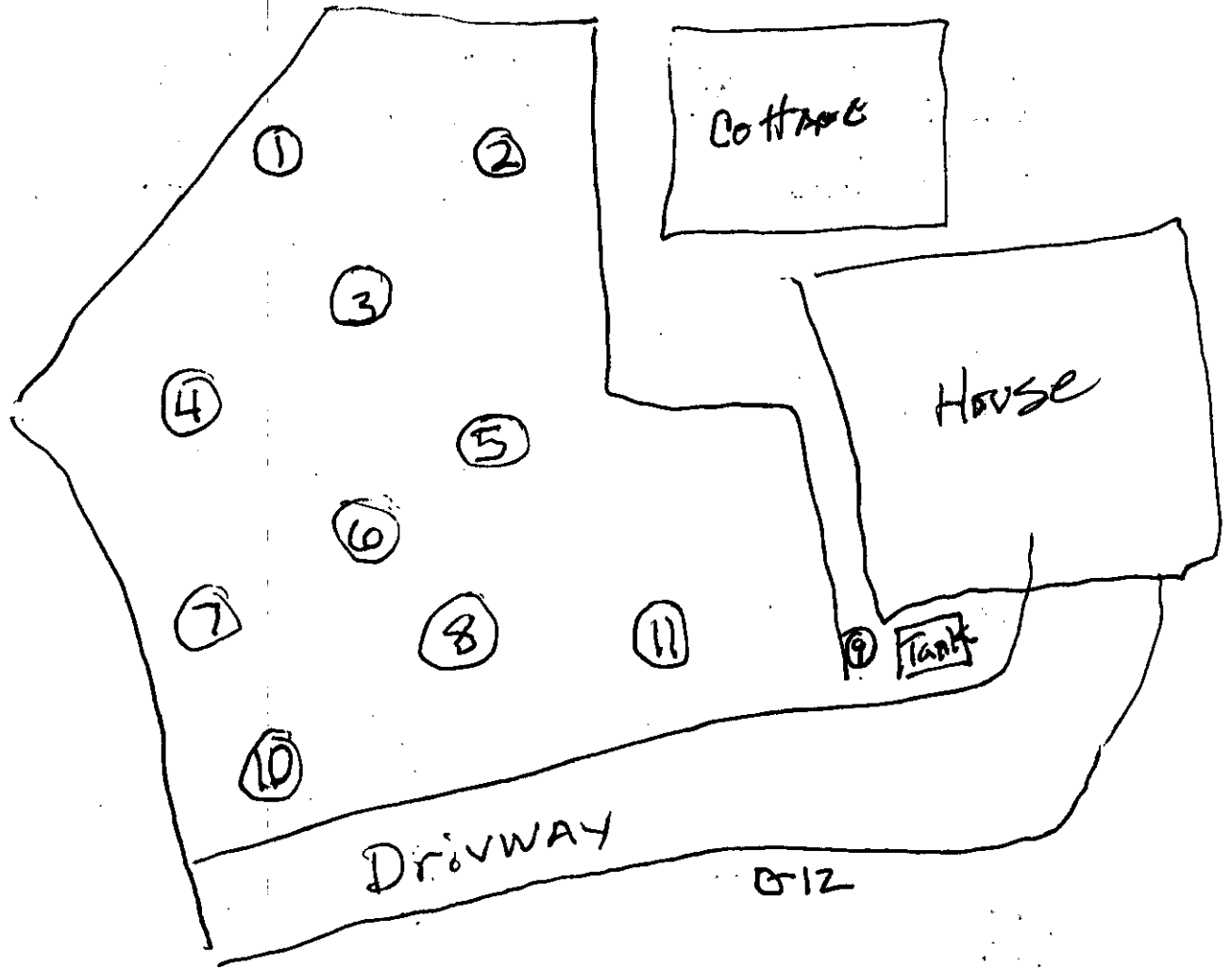
Condition good almost no use.

Inspection By: PAUL MOE

Date: 3/17/12

Please complete this form within the month of March, and return to this office. Any questions, please call (707) 565-1691.

Our mailing address is:  
 County of Sonoma Permit and Resource Management Department, 2550 Ventura Avenue, Santa Rosa, CA 95403



**OCTOBER 2011 SELF-MONITORING FORM**  
**Standard System – Site Inspection Form**

Site Address: 21998 ANSEL CT TIM  
 System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
 Site ID#: OPR06-4312  
 Gallons/Day: 360  
 Gallons/Dose: 74  
 APN: 109430006

Owner: MOE PAMELA GERGELY

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below.  
 Phone: 415-388-8882

MOE PAMELA GERGELY  
 125 DEL CASA DR  
 MILL VALLEY CA  
 94941-1306

**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Keep expansion areas unencumbered.
4. Switch diversion valve annually, or as specified on septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

On the back of this form, sketch a layout of your system. Please number the wells. A copy of your septic plans should be available from the consultant who drew them or a plan should be available at the County. Refer to form WLS-014 (provided by the County) for help with this form.



**Monitoring Well Information: IMPORTANT - take readings in October ONLY**

Distance from the top of the ground to the top of the water (If dry, write "dry")					Control/Alarm Box Information:	Yes/No N/A
Well #		Well #		Well #	Does system have a pump?	YES
1	Dry inches	5	32 inches	9	Audible Alarm work?	YES
2	45 inches	6	53 inches	10	Alarm Light work?	YES
3	33 inches	7	31 inches	11	Is there a Dose Counter	N/A
4	30 inches	8	37 inches	12	Dose Counter advance in manual mode?	N/A

Fill out the information below if you have a dose counter: (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading	N/A	Today's date		Number of doses divided by number of days = _____ doses per day. Times _____ gallons per dose* for your system = _____ gallons per day (for this specific time period). System is designed for: _____ gallons per day.
Previous dose counter reading		Date of previous counter reading		
Number of doses		Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

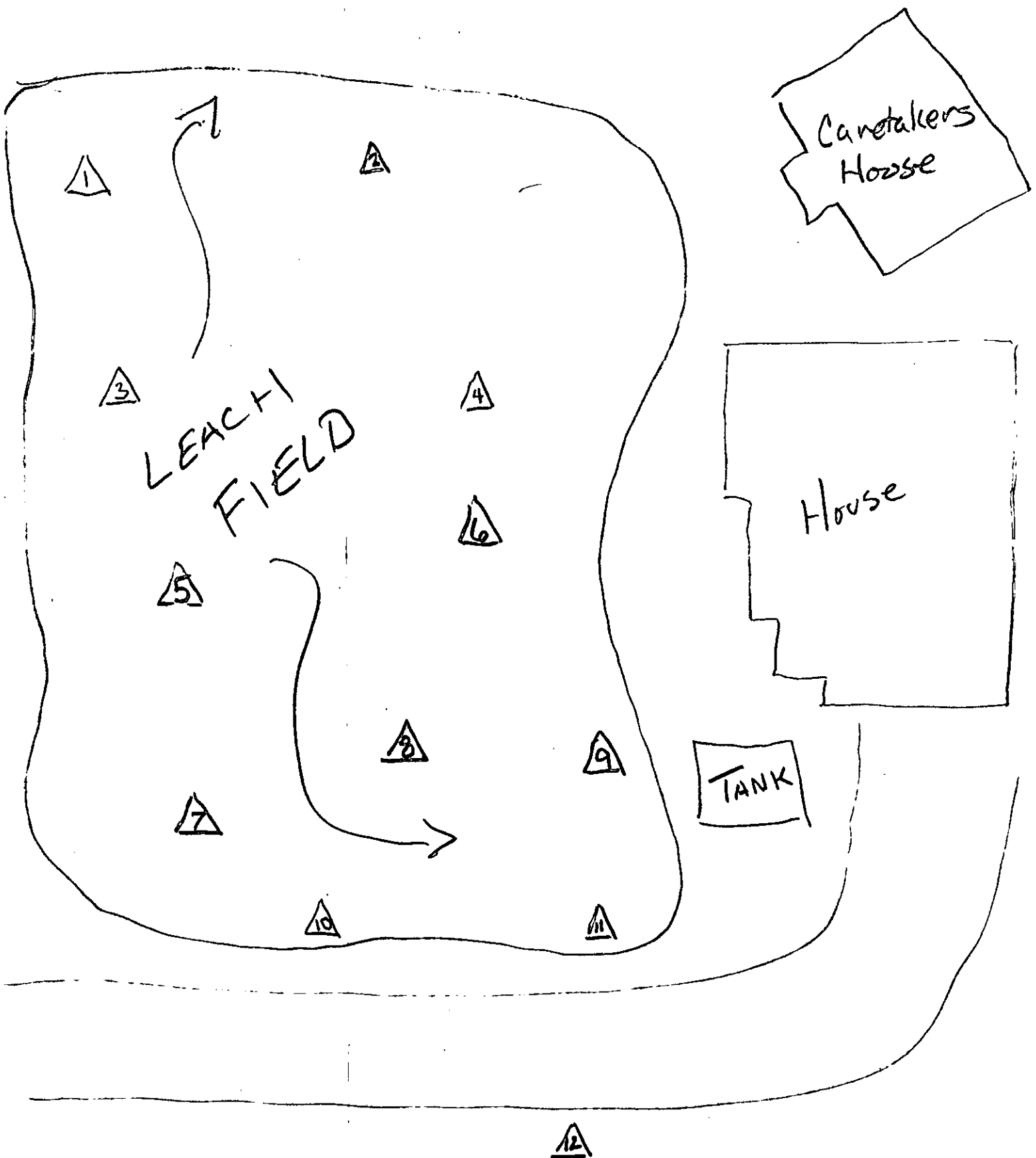
General Condition of System - Do you have a diversion valve? Which field is it serving? Note any maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?).

**EVERYTHING LOOKS IN ORDER**

Inspection By: PAUL MOE Date: 10/11/11

Please complete this form within the month of October, and return to this office. Any questions, please call (707) 565-1691. We suggest that you keep a copy of this site inspection to complete future forms.

△ = WELL ●



NTS

MARCH 2011 SELF-MONITORING FORM  
 Non-Standard System – Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
 System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
 Site ID#: OPR06-4312  
 Gallons/Day: 360  
 Gallons/Dose: 74  
 APN: 109430006



Owner: MOE PAMELA GERGELY

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below.  
 Phone: 415-388-8882

MOE PAMELA GERGELY  
 125 DEL CASA DR  
 MILL VALLEY CA 94941-1306

**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

On the back of this form, sketch a layout of your system. Please number the wells. A copy of your septic plans should be available from the consultant who drew them or a plan should be available at the County. Refer to form WLS-014 (provided by the County) for help with this form.

**Monitoring Well Information: IMPORTANT - take readings in March ONLY**

Distance from the top of the ground to the top of the water (if dry, write "dry")					Control/Alarm Box Information:	Yes/No N/A
Well #		Well #		Well #	Does system have a pump?	
1	dry inches	5	32 inches	9	inches	Yes
2	47 inches	6	dry inches	10	43 inches	Yes
3	33 inches	7	36 inches	11	dry inches	NO
4	33 inches	8	45 inches	12	30 inches	NA
					Audible Alarm work?	Yes
					Alarm Light work?	Yes
					Is there a Dose Counter	NO
					Dose Counter advance in manual mode?	NA

Fill out the information below if you have a dose counter: (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading		Today's date		Number of doses divided by number of days = _____ doses per day. Times _____ gallons per dose* for your system = _____ gallons per day (for this specific time period). System is designed for: _____ gallons per day.
Previous dose counter reading		Date of previous counter reading		
Number of doses		Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

General Condition of System - Do you have a diversion valve? Which field is it serving? Note any maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?).

Inspection By:

Date: 3/1/11

Please complete this form within the month of March, and return to this office. Any questions, please call (707) 565-1691. We suggest that you keep a copy of this site inspection to complete future forms.

**OCTOBER 2010 SELF-MONITORING FORM**  
 Non-Standard System – Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
 System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
 Site ID#: OPR06-4312  
 Gallons/Day: 360  
 Gallons/Dose: 74  
 APN: 109430006  
 Phone: 415-388-8882

Owner: MOE PAMELA GERGELY

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below.

MOE PAMELA GERGELY  
 125 DEL CASA DR  
 MILL VALLEY CA 94941-1306

**Recommended Maintenance & Reminders:**

1. Clean Sump filter annually.
2. Pump septic tank every 3-5 years depending on use.
3. Keep expansion areas unencumbered.
4. Switch diversion valve annually, or as specified on septic plans.
5. For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
6. Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

On the back of this form, sketch a layout of your system. Please number the wells. A copy of your septic plans should be available from the consultant who drew them or a plan should be available at the County. Refer to form WLS-014 (provided by the County) for help with this form.

**Monitoring Well Information: IMPORTANT - take readings in October ONLY**

Distance from the top of the ground to the top of the water (If dry, write "dry")						Control/Alarm Box Information:	Yes/No N/A
Well #		Well #		Well #		Does system have a pump?	
1	dry inches	5	40 inches	9	dry inches	Audible Alarm work?	Yes
2	47 inches	6	dry inches	10	47 inches	Alarm Light work?	Yes
3	42 inches	7	39 inches	11	dry inches	Is there a Dose Counter	no
4	55 inches	8	54 inches	12	44 inches	Dose Counter advance in manual mode?	no

Fill out the information below if you have a dose counter: (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading		Today's date		Number of doses divided by number of days = _____ doses per day. Times _____ gallons per dose* for your system = _____ gallons per day (for this specific time period). System is designed for: _____ gallons per day.
Previous dose counter reading		Date of previous counter reading		
Number of doses		Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

General Condition of System - Do you have a diversion valve? Which field is it serving? Note any maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?).

Every thing looks to be working fine

Inspection By: PAUL MOE Date: 1/16/11

Please complete this form within the month of October, and return to this office. Any questions, please call (707) 565-1691. We suggest that you keep a copy of this site inspection to complete future forms.

#1  
○

#2  
○

#4  
○

#3  
○

#5  
○

#6  
○

#7  
○

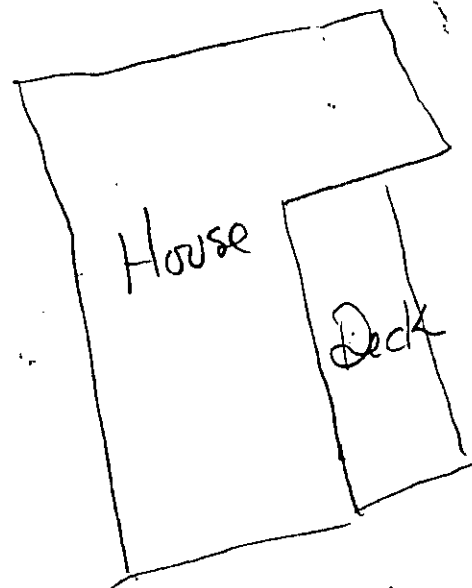
#10  
○

#9  
○

Tank

#8  
○

#11  
○



Drive way

#12  
○

MARCH 2010 SELF-MONITORING FORM  
 Standard System – Site Inspection Report

Site Address: 21998 ANSEL CT TIM  
 System Type: Pressure Dist. Pretreatment

Variable Inspection: 1  
 Site ID#: OPR06-4312  
 Gallons/Day: 360  
 Gallons/Dose: 74  
 APN: 109430006

Owner: MOE PAMELA GERGELY

Please note changes of (or add if missing): Owner, Mailing Address, or Phone number adjacent to items printed below.  
 Phone: 415-388-8882

MOE PAMELA GERGELY  
 125 DEL CASA DR  
 MILL VALLEY CA 94941-1306

**Recommended Maintenance & Reminders:**

- Clean Sump filter annually.
- Pump septic tank every 3-5 years depending on use.
- Keep expansion areas unencumbered.
- Switch diversion valve annually, or as specified on septic plans.
- For those with pre-treatment units requiring sampling for analysis, see #7 on supplemental agreement, provide results to our office once per year for at least 2 years. Samples may be taken from sump tank.
- Purge and balance system annually by a C42 or Engineering Contractor familiar with these systems.

On the back of this form, sketch a layout of your system. Please number the wells. A copy of your septic plans should be available from the consultant who drew them or a plan should be available at the County. Refer to form WLS-014 (provided by the County) for help with this form.

**Monitoring Well Information: IMPORTANT - take readings in March ONLY**

Distance from the top of the ground to the top of the water (If dry, write "dry")					Control/Alarm Box Information:	Yes/No N/A
Well #		Well #		Well #	Does system have a pump?	
1	Dry inches	5	34 inches	9	Dry inches	Yes
2	44 inches	6	Dry inches	10	38 inches	Yes
3	33 inches	7	31 inches	11	Dry inches	no
4	39 inches	8	31 inches	12	28 inches	N/A

Fill out the information below if you have a dose counter: (If you do not have a dose counter but have a timer that reads in elapsed minutes, please write the elapsed minutes)

Current dose counter reading		Today's date		Number of doses divided by number of days = ___ doses per day. Times ___ gallons per dose* for your system = ___ gallons per day (for this specific time period). System is designed for: ___ gallons per day.
Previous dose counter reading		Date of previous counter reading		
Number of doses		Number of days		

\* Gallons per day and Gallons per Dose should be printed on the Annual Operational Permit, or located at the top of this form, or be available from the septic plans. For those with a timer and no dose counter, the gallons per minute and minutes per dose can be found in the septic plan calculations. Make sure this reading is for the leach field, not the pretreatment unit.

General Condition of System - Do you have a diversion valve? Which field is it serving? Note any maintenance/repairs performed on system since last monitoring (i.e. tank pumped, purge/adjusted?).

Inspection By: Paul M. Moe Date: 3/3/10

Please complete this form within the month of March, and return to this office. Any questions, please call (707) 565-1691. We suggest that you keep a copy of this site inspection to complete future forms.