City of Malibu

23825 Stuart Ranch Road · Malibu, California · 90265-4861
Phone (310) 456-2489 · Fax (310) 456-3356 · www.malibucity.org

INSPECTION REPORT

Site Address: _____
APN: _____
Owner Name: _____
Owner Mailing Address: _____
Owner Phone/Email: _____
Application Type: □ Initial □ Renewal □ Point of Sale □ Change of Owner
Number of OWTS on subject property: ☐ One ☐ Two ☐ Three ☐ Four
Type of OWTS: ☐ Conventional ☐ Advanced ☐ Alternative
Note: All non-conventional system must complete the section below
Type of Occupancy served by the OWTS:
☐ Residential (Single Family)
☐ Multifamily (Triplex or greater, condos, apt.)
☐ Commercial
Waste Discharge Permit: (Issued by the Los Angeles Regional Water Quality Control Board)
☐ Yes WDR Number: _____ Expiration Date: _____
☐ No

ALTERNATIVE/ADVANCED/DEMONSTRATION SYSTEMS INFORMATION:
System Manufacturer: _____
Model Name/Number: _____
Maintenance Provider: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Email Address: _____
Contract Expiration Date: _____

Do not write below – City use only

Permit Fee Paid Date: _____ By: _____

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SECTION A
COMPLIANCE REPORT FORM

Property Address: _____

Owner's Name: _____

Owner's Address: _____

Date of Inspection: _____ Name of Inspector: _____ Inspector Number: _____

Company Name: _____ Telephone Number: _____

Mailing address: _____

E-Mail Address: _____ Fax Number: _____

CERTIFICATION STATEMENT

I certify that I have personally inspected the onsite wastewater treatment system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of onsite wastewater treatment systems. I am a City of Malibu approved System Inspector pursuant to Section 15.44.050, of the Malibu Municipal Code.

The Onsite Wastewater Treatment System:

- ☐ **Passes**
- ☐ **Conditionally Passes**
- ☐ **Fails**

Inspector's Signature: _____ **Date:** _____

Malibu Approved Inspector Number: _____

The System Inspector shall submit the original of the Official inspection report to the City of Malibu within 30 days of completing this inspection. A copy of this inspection report shall be given to the onsite wastewater treatment system owner. A copy of this inspection report shall be given to any prospective buyer, if applicable.

NOTE: It shall be a violation of this code for any person to falsify, misrepresent or fraudulently alter a system inspection report, or the result of an inspection. (Malibu Municipal Code, Section 15.44.050)

This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

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OFFICIAL INSPECTION FORM
ONSITE WASTEWATER TREATMENT SYSTEM
SECTION B

This inspection report is for regulatory purposes only and is not to be used or construed as a guarantee of future system performance.

This form is to be used for all required Onsite Wastewater Treatment System inspections required by Section 15.44.050 of the Malibu Municipal Code. The form must be completed by a City of Malibu Approved Inspector (Section 15.44.060). All sections of the form are to be completed in accordance to the "Guidelines for the Inspection of Onsite Wastewater Treatment Systems in the City of Malibu".

A plot plan of the OWTS and site must be attached to this report. Please refer to the Guidelines for the specifications required.

Part I Site Information		
	Property Owner	Site Address
	Mailing Address	Site APN
	City, State, Address	Site Location
	Telephone Number	Additional Information:

Part II History				
	OWTS Permit on file with City: ☐ Yes ☐ No Percolation test on file with City: ☐ Yes ☐ No		Building Type: ☐ Single Family Residence ☐ Multifamily ☐ Commercial ☐ Condominium	
	Building Serviced by OWTS: ☐ Occupied ☐ Seasonal Use		Building Construction Date:	
	Number of Bedrooms: Fixture Unit Count:		Maintenance Contract for OWTS: ☐ Yes ☐ No	
	OWTS Permit Number	Date Issued	Date of Final Approval for Installation	Age of System (installation date or approximate age)

Part III System Type		
	Type of OWTS Installed: ☐ Conventional ☐ Alternative/Advanced ☐ Demonstration ☐ Holding Tank	System Type Permitted by City: ☐ Yes ☐ No
	Information for all Alternative/Advanced System Types: ☐ Secondary Treatment Component ☐ Disinfection Component ☐ De-Nitrification	Grey Water System: ☐ Yes ☐ No Permit:☐ Yes ☐ No Removed:☐ Yes ☐ No
	Influent (Sewage) Type: ☐ Residential ☐ Multifamily ☐ Condominium ☐ Commercial ☐ Restaurant	Appearance of Influent: ☐ Normal ☐ High Strength ☐ Weak

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NOTE: All alternative/advanced OWTS will require submission of system approval from the maintenance provider

Par IV - Tanks

Tank #1 Manufacturer: Capacity: gal					Condition of tank: ☐ Acceptable ☐ Struct Unsound ☐ Infiltration ☐ Exfiltration
Tank Pumped for Inspection: ☐ Yes ☐ No ☐ Recommended ☐ Not Required					Septage Levels: Scum: in Effluent: in Sludge: in
Function of Tank: ☐ Septic ☐ Treatment ☐ Pump vault ☐ Dosing ☐ Grease					Manhole Risers: Present ☐ Yes ☐ No Diameter: Depth of Soil Cover Over Tank: ft in
Liquid Level in Tank: ☐ Normal ☐ Below Normal ☐ Above Normal					Number of Tank Compartments: ☐ One ☐ Two ☐ Three ☐ Other _____
Tank Material: ☐ Concrete ☐ Fiberglass ☐ Plastic ☐ Metal ☐ Block ☐ Other					Condition of Baffles: ☐ Pass ☐ Damaged ☐ Fail
Effluent Filter: ☐ Yes ☐ Cleaned ☐ No ☐ Installed ☐ Insp ☐ Recommended					Inlet Tee: ☐ Pass ☐ Damaged ☐ Fail Outlet Tee: ☐ Pass ☐ Damaged ☐ Fail
Setback Distance	Building ft	Lot line ft	Stream ft	Well ft	Tank ☐ Passes ☐ Conditionally Passes ☐ Fails
Additional Comments:					

Tank #2 Manufacturer: Capacity: gal					Condition of tank: ☐ Acceptable ☐ Struct Unsound ☐ Infiltration ☐ Exfiltration
Tank Pumped for Inspection: ☐ Yes ☐ No ☐ Recommended ☐ Not Required					Septage Levels: Scum: in Effluent: in Sludge: in
Function of Tank: ☐ Septic ☐ Treatment ☐ Pump vault ☐ Dosing ☐ Grease					Manhole Risers: Present ☐ Yes ☐ No Diameter: Depth of Soil Cover Over Tank: ft in
Liquid Level in Tank: ☐ Normal ☐ Below Normal ☐ Above Normal					Number of Tank Compartments: ☐ One ☐ Two ☐ Three ☐ Other _____
Tank Material: ☐ Concrete ☐ Fiberglass ☐ Plastic ☐ Metal ☐ Block ☐ Other					Condition of Baffles: ☐ Pass ☐ Damaged ☐ Fail
Effluent Filter: ☐ Yes ☐ Cleaned ☐ No ☐ Installed ☐ Insp ☐ Recommended					Inlet Tee: ☐ Pass ☐ Damaged ☐ Fail Outlet Tee: ☐ Pass ☐ Damaged ☐ Fail
Setback Distance	Building ft	Lot line ft	Stream ft	Well ft	Tank: ☐ Passes ☐ Conditionally Passes ☐ Fails
Additional Comments:					

I certify that I have inspected the tank(s) and that to the best of my knowledge and ability the information in Part IV is correct	
Print Name:	Inspection Date:
Signature:	Malibu Approved Inspector Number:

Part V Distribution

Distribution Type: ☐ Direct Connection ☐ Box ☐ Manifold ☐ Hydrosplitter ☐ other	Access Riser to Grade: ☐ Yes ☐ No Riser Diameter:
Distribution System Material of Construction: ☐ Concrete ☐ Plastic/polymer ☐ Fiberglass ☐ Other	Condition of Distribution System: ☐ Pass ☐ Damaged/needing repair ☐ Failed
Additional Comments:	Observed Deficiencies (if any): ☐ Roots ☐ Cracks ☐ Water Infiltration ☐ Evidence of Ponding ☐ Sludge ☐ Unlevel

I certify that I have inspected the tank(s) and that to the best of my knowledge and ability the information in Part V is correct	
Print Name:	Inspection Date:
Signature:	Malibu Approved Inspector Number:

Part VI Pump Station

Pump Vault Type: ☐ In Tank Vault ☐ Pump Station Vault ☐ Dosing	Access: ☐ Yes ☐ No Diameter:
Pump Vault Material: ☐ Concrete ☐ Fiberglass ☐ Plastic ☐ Metal ☐ Other	Condition of Vault: ☐ Acceptable ☐ Struct Unsound ☐ Infiltration ☐ Exfiltration
Pumps: ☐ Simplex ☐ Duplex ☐ Other Pump Elevated: ☐ Yes ☐ No	Pump Operation: ☐ Pass ☐ Fail ☐ Pump Replaced ☐ Incorrect Pump
Alarms: High Water Alarm: Alarm System: ☐ Yes ☐ No ☐ Yes ☐ No ☐ Pass ☐ Fail	Floats: ☐ Pass ☐ Needs Adjustment ☐ Fail
Comments:	

I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct

Print Name:	Inspection Date:
Signature:	Malibu Approved Inspector Number:

Part VII Dispersal System-Seepage Pit (s)

	Diameter	Total Depth	Depth to Liquid From Surface	Dosed by Pressure Line	Accessible for Inspection
Pit #1				□ Yes □ No	□ Yes □ No
Pit # 2				□ Yes □ No	□ Yes □ No
Pit #3				□ Yes □ No	□ Yes □ No
Pit #4				□ Yes □ No	□ Yes □ No
Pit #5				□ Yes □ No	□ Yes □ No

Impermeable Surface Over Area: □ Yes □ No Water in Observation Ports: □ Yes □ No Depth in.	Evidence of Surface Discharge/Breakout: □ Yes □ No Evidence of Storm Water Ponding: □ Yes □ No
Hydraulic Performance Test: □ Yes □ No Dispersal Area: □ Breakout □ Wetness □ Odors	Pressure Distribution System: □ Yes □ No
Condition of Seepage Pit(s): □ Pass □ Conditionally Pass □ Fail	
Comments:	

I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct

Print Name:	Inspection Date:
Signature:	Malibu Registered Inspector Number:

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Part VIII Dispersal System-Leach Bed (s)

Type:	Unit Length:	Unit Width:	Thickness of Filter Rock:	Dosed by Pressure Line ☐ Yes ☐ No
Leach Trench				
Drainfield				
Drip System				

Impermeable Surface Over Area: ☐ Yes ☐ No Water in Observation Ports: ☐ Yes ☐ No Depth in	Evidence of Surface Discharge/Breakout: ☐ Yes ☐ No Evidence of Storm Water Ponding: ☐ Yes ☐ No
Hydraulic Performance Test: ☐ Yes ☐ No Dispersal Area: ☐ Breakout ☐ Wetness ☐ Odors	Pressure Distribution System: ☐ Yes ☐ No
Condition of Leach Bed(s): ☐ Pass ☐ Conditionally Pass ☐ Fail	
Comments:	

I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct	
Print Name:	Inspection Date:
Signature:	Malibu Registered Inspector Number:

Part IX Hydraulic Test

Initial Static Liquid Level in Tank: ☐ Even with Outlet ☐ Below Outlet ☐ Above Outlet	Hydraulic Test Initial Level: Inches ☐ Above Outlet ☐ Below Outlet
Approximate Gallons Water Added: (300 Gal. Minimum): Gallons	Liquid Level Rise (inches):
Length of Time Water Added: (10 Minutes Minimum) Minutes	Time to Return to Initial: (30 Min. Max)
Dispersal Area Observation: ☐ Pass ☐ Further Evaluation Required ☐ Fail	Hydraulic Test Evaluation: ☐ Pass ☐ Marginal ☐ Fail

I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct	
Print Name:	Inspection Date:
Signature:	Malibu Registered Inspector Number:

The intent of an Operating Permit is to authorize the use of the subject Onsite Wastewater Treatment System based on the inspection and assessment performed by a City of Malibu Registered Inspector attesting that the subject system is performing to its design intent. The issuance of an Operating Permit does not authorize or approve any modification to the Onsite Wastewater Treatment System performed without benefit of Environmental Health approval and the issuance of a construction permit to perform such modifications. Additionally, the issuance of an Operating Permit does not authorize or approve the connection of any plumbing fixture to the subject Onsite Wastewater Treatment System without the benefit of Environmental Health approval and the issuance of a plumbing permit to install these plumbing fixture(s), without exception.

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Supplemental Alternative/Advanced Treatment Systems Information Form
SECTION C

This form shall be attached to the required "Official Inspection Form Onsite Wastewater Treatment System" when an inspection is performed on an Advanced/Alternative OWTS in accordance with the Malibu Municipal Code and the City of Malibu's Operating Permit Program.

Part X Advanced Systems

Manufacturer:	Model:
Wastewater Vessels other than a Septic Tank: ☐ Yes ☐ No	Type of Vessel: ☐ Treatment ☐ Holding ☐ Equalization ☐ Dosing ☐ Pump
System Functioning in Accordance to Design: ☐ Yes ☐ No	System Controls: ☐ Yes ☐ No Controls Tested: ☐ Yes ☐ No
Pumping Systems: ☐ Yes ☐ No ☐ Functional	Blower: Operational ☐ Yes ☐ No ☐ N/A Maintenance Required ☐ Yes ☐ No
Disinfection Unit: ☐ Yes ☐ No Operational ☐ Yes ☐ No	Disinfection Unit Type: ☐ UV ☐ Chloronation/Dechloronation ☐ Ozination
Fixed Film Aerobic System Media Condition: ☐ Good ☐ Poor ☐ Replaced ☐ N/A	Media Filter System Condition of Media: ☐ Good ☐ Poor ☐ Replaced ☐ N/A
Pressure Dosed: ☐ Yes ☐ No	Spray System Condition: ☐ Good ☐ Poor ☐ Repaired
Maintenance Provider:	Contract Expiration Date:
Date of Last Maintenance:	Status at Last Maintenance:
Comments/Identify Issues:	

I certify that to the best of my knowledge and ability the information in Part X is correct	
Print Name:	Inspection Date:
Signature:	Malibu Registered Inspector Number:

Attach a copy of the last maintenance report provided by the Maintenance Contractor.

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