



County of Santa Cruz

Health Services Agency ♦ Environmental Health

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ENHANCED ONSITE WASTEWATER TREATMENT SYSTEM STATEMENT OF COMPLETION & ACCEPTANCE

ENHANCED OWTS Location (all information required):

Address: _____

Owner: _____

APN: _____

Permit Number: _____

Environmental Health OWTS Approval Date: _____

OWTS Designer (all information required): Check One REHS RCE PG/CEG

Name/License Number: _____

Company: _____

Address: _____

Phone Number: _____

As the enhanced onsite wastewater treatment system (OWTS) designer of record for the above referenced OWTS, I hereby certify that I approve the installation of the system and have determined the system to be in conformance with my specifications for the intended use. The initial startup of the OWTS facility has been completed under my supervision and the OWTS has been determined to be operationally functional at this time.

Signature of Designer

Date

ENHANCED OWTS Maintenance Practitioner (all information required):

Name: _____

Company: _____

Address: _____

Phone Number: _____

As the designated OWTS Maintenance Practitioner for the above referenced OWTS, I hereby certify the system is functioning per the designed intent and I hereby accept responsibility for the maintenance of the OWTS facility. I agree to notify the County of Santa Cruz, in writing, within thirty (30) days should any failure of the system occur or if the maintenance contract is terminated or altered for any reason.

Signature of Maintenance Practitioner

Date

ENHANCED OWTS Installation Practitioner (all information required):

Name: _____

Company: _____

License class and number: _____

As the licensed installation Practitioner for the referenced OWTS, I hereby certify that the system has been installed in conformance to the County of Santa Cruz approved OWTS plans and specifications.

Signature of Installation Practitioner

Date