

**BILL EMLÉN**  
Director  
(707) 784-6765

**TERRY SCHMIDTBAUER**  
Assistant Director  
(707) 784-6765

**JAGJINDER SAHOTA**  
Environmental Health Manager  
(707) 784-6765

**DEPARTMENT OF RESOURCE MANAGEMENT**



**SOLANO COUNTY**

675 Texas Street, Suite 5500  
Fairfield, CA 94533-6342  
(707) 784-6765  
Fax (707) 784-4805

[www.solanocounty.com](http://www.solanocounty.com)

Environmental Health Division

**Annual Alternative Sewage Disposal System Maintenance Report**

Site Address: \_\_\_\_\_ APN \_\_\_\_\_ Site # \_\_\_\_\_

Report completed by (print name/signature): \_\_\_\_\_

Performance Well Data		Date		Contact phone	
Well Number	Depth of water in well (inches below ground surface)*	Well Number	Depth of water in well (inches below ground surface)*		
1		5			
2		6			
3		7			
4		8			

**Note: \* if a well is dry (no water) indicate "Dry" and write the total depth of well (inches below ground surface).**

Indicate the following information from the **Control Panel** (include any comments in the box below);

**Recirculation (R):**  
**R Pump cycles** (count) \_\_\_\_\_ **R Elapse time meter (ETM)** \_\_\_\_\_  
**R High level alarm (HLA)** (# of events) \_\_\_\_\_ **R Overrides** (# of events) \_\_\_\_\_

**Discharge (D):**  
**D Pump cycles** (count) \_\_\_\_\_ **D ETM** \_\_\_\_\_  
**D HLA events** (# of events) \_\_\_\_\_ **D Overrides** (# of events) \_\_\_\_\_

**Number of Compressor failures** \_\_\_\_\_ **Operating Time** (hrs) \_\_\_\_\_  
**Low Level Alarm (LLA) events** \_\_\_\_\_ **Power failures** \_\_\_\_\_

Inspect and verify the following:

- Tank scum & sludge levels acceptable? \_\_\_\_\_
- Alarm System (test float switches) \_\_\_\_\_
- Clean tank filters, spin filters or air filters \_\_\_\_\_
- Surfacing of sewage? \_\_\_\_\_
- Test purge and adjusting valves, and flush lines \_\_\_\_\_
- Condition of risers, monitoring wells, and valve boxes \_\_\_\_\_
- Condition of disposal field (traffic & livestock) \_\_\_\_\_

**SAEED IRAVANI**  
Building Official  
Building & Safety

**MIKE YANKOVICH**  
Program Manager  
Planning Services

**JAG SAHOTA**  
Manager  
Environmental Health

**SU KRISHNAN**  
Senior Staff Analyst  
Administrative Services

**MATT TUGGLE**  
Engineering Manager  
Public Works Engineering

**CHARLES BOWERS**  
Operations Manager  
Public Works Operations

**CHRIS DRAKE**  
Parks Services  
Manager Parks

**ROBERTA GOULART**  
Water & Natural  
Resources Program Manager

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Calculate Gallons per day (GPD) used if possible \_\_\_\_\_

**Additional Comments:** (Include the general condition and location of the disposal field, wells, valve boxes, and any problems such as erosion, ponding, or leakage). Please sketch the general location of the monitoring wells and indicate numbers for the monitoring wells.

Sketch/comments:

A large empty rectangular box with a black border, intended for a sketch or handwritten comments. The box is currently blank.