

**DEPARTMENT OF RESOURCE MANAGEMENT**

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

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



**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

**ALLAN CALDER**  
 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

**MISTY KALTREIDER**  
 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 thin black border, intended for a sketch or handwritten comments. The box is currently blank.