NAPA COUNTY DIVISION OF ENVIRONMENTAL HEALTH
OFFICIAL SELF-MONITORING REPORT FORM

OWNERS NAME:_____

SITE ADDRESS:_____

ASSESSOR'S PARCEL #: _____ TELEPHONE #_____

SYSTEM TYPE:_____

INSPECTED BY:_____ DATE:_____

SEPTIC TANK/ SUMP TANK/PUMP/ALARM/CONTROLS:

Septic Tank:
Liquid level: HIGH (above sanitary T) NORMAL (at sanitary T) LOW (below sanitary T)
Odor: NORMAL (musty, earthy, moldy) PUNGENT (rotten egg, cabbage)
Sludge/scum level: NORMAL (35% or less tank capacity) HIGH (> 35% tank capacity)
Date of last pumping:_____

Sump Tank:
Liquid level: HIGH (above alarm float) NORMAL (between on/off float level) LOW (below off float)
Odor: NORMAL (musty, earthy, moldy) PUNGENT (rotten egg, cabbage)
Sludge/scum level: NORMAL (no measurable amount) HIGH (measurable amount)
Date of last pumping:_____

Pump and Alarm:
Pump tested and functioning properly: YES NO
Alarm tested and functioning properly: YES NO
Floats inspected and functioning properly: YES NO
If no, please explain:_____
_____

Controls:
Current dose counter reading:_____ Date: _____
Previous dose counter reading:_____ Date:_____
Gallons per dose:_____ # of Doses:_____ # of Days:_____
Calculate gallons per day: (gal/dose) X (# of doses) ÷ (# days) = _____

DISPOSAL FIELD:
Monitoring well data:

Well #	Distance from surface of ground to water	Well #	Distance from surface of ground to water	Well #	Distance from surface of ground to water
1		5		9	
2		6		10	
3		7		11	
4		8		12	

Soil cover: DRY MOIST WET (spongy/saturated)
Condition of vegetation: NONE GOOD OVERGROWN
Diversion/Distributing Valve: YES NO
If yes, inspected and functioning properly? YES NO If no, please explain:_____
_____
Date distribution network was last purged:_____
Additional comments:_____
_____
_____