



**MONTEREY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH BUREAU**

**ONSITE WASTEWATER TREATMENT SYSTEM
WATERTIGHT TANK CERTIFICATION FORM
OWTS PERMIT NUMBER: _____**

Date of Test:

APN:

Site Address:

Owner Name:

Septic Tank Details:

Manufacturer:

Model:

Material:

Size:

Risers Installed:

Riser Height:

Tank Backfilled:

Comments:

Alternate Method Used:

Comments:

Tank Pre-Soak Required (Concrete):

Presoak Duration (24 Hours Minimum):

Test time (1 Hour Minimum):

Measurable Water Loss:

Observation Notes:

Repairs Made:

*Retesting requires additional form

Signature of Qualified Professional:

Date:

Printed Name: