



City of Malibu

23825 Stuart Ranch Road · Malibu, California · 90265-4861
Phone (310) 456-2489 · Fax (310) 456-3356 · www.malibucity.org

INSPECTION REPORT

Site Address: _____
APN: _____
Owner Name: _____
Owner Mailing Address: _____
Owner Phone/Email: _____
Application Type: Initial Renewal Point of Sale Change of Owner
Number of OWTS on subject property: One Two Three Four
Type of OWTS: Conventional Advanced Alternative
Note: All non-conventional system must complete the section below
Type of Occupancy served by the OWTS:
 Residential (Single Family)
 Multifamily (Triplex or greater, condos, apt.)
 Commercial
Waste Discharge Permit: (Issued by the Los Angeles Regional Water Quality Control Board)
 Yes WDR Number: _____ Expiration Date: _____
 No

ALTERNATIVE/ADVANCED/DEMONSTRATION SYSTEMS INFORMATION:

System Manufacturer: _____
Model Name/Number: _____
Maintenance Provider: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Email Address: _____
Contract Expiration Date: _____

Do not write below – City use only

Permit Fee Paid Date: _____ By: _____



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SECTION A COMPLIANCE REPORT FORM

Property Address: _____

Owner's Name: _____

Owner's Address: _____

Date of Inspection: _____ Name of Inspector: _____ Inspector Number: _____

Company Name: _____ Telephone Number: _____

Mailing address: _____

E-Mail Address: _____ Fax Number: _____

CERTIFICATION STATEMENT

I certify that I have personally inspected the onsite wastewater treatment system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of onsite wastewater treatment systems. I am a City of Malibu approved System Inspector pursuant to Section 15.44.050, of the Malibu Municipal Code.

The Onsite Wastewater Treatment System:
_____ **Passes**
_____ **Conditionally Passes**
_____ **Fails**

Inspector's Signature: _____ **Date:** _____

Malibu Approved Inspector Number: _____

The System Inspector shall submit the original of the Official inspection report to the City of Malibu within 30 days of completing this inspection. A copy of this inspection report shall be given to the onsite wastewater treatment system owner. A copy of this inspection report shall be given to any prospective buyer, if applicable.

NOTE: It shall be a violation of this code for any person to falsify, misrepresent or fraudulently alter a system inspection report, or the result of an inspection. (Malibu Municipal Code, Section 15.44.050)

This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.



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OFFICIAL INSPECTION FORM ONSITE WASTEWATER TREATMENT SYSTEM SECTION B

This inspection report is for regulatory purposes only and is not to be used or construed as a guarantee of future system performance.

This form is to be used for all required Onsite Wastewater Treatment System inspections required by Section 15.44.050 of the Malibu Municipal Code. The form must be completed by a City of Malibu Approved Inspector (Section 15.44.060). All sections of the form are to be completed in accordance to the “Guidelines for the Inspection of Onsite Wastewater Treatment Systems in the City of Malibu”.

A plot plan of the OWTS and site must be attached to this report. Please refer to the Guidelines for the specifications required.

Part I Site Information	Property Owner	Site Address
	Mailing Address	Site APN
	City, State, Address	Site Location
	Telephone Number	Additional Information:

Part II History	OWTS Permit on file with City: <input type="checkbox"/> Yes <input type="checkbox"/> No		Building Type: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multifamily	
	Percolation test on file with City: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Commercial <input type="checkbox"/> Condominium	
	Building Serviced by OWTS: <input type="checkbox"/> Occupied <input type="checkbox"/> Seasonal Use		Building Construction Date:	
	Number of Bedrooms: Fixture Unit Count:		Maintenance Contract for OWTS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	OWTS Permit Number	Date Issued	Date of Final Approval for Installation	Age of System (installation date or approximate age)

Part III System Type	Type of OWTS Installed: <input type="checkbox"/> Conventional <input type="checkbox"/> Alternative/Advanced <input type="checkbox"/> Demonstration <input type="checkbox"/> Holding Tank	System Type Permitted by City: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Information for all Alternative/Advanced System Types: <input type="checkbox"/> Secondary Treatment Component <input type="checkbox"/> Disinfection Component <input type="checkbox"/> De-Nitrification	Grey Water System: <input type="checkbox"/> Yes <input type="checkbox"/> No Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Influent (Sewage) Type: <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Condominium <input type="checkbox"/> Commercial <input type="checkbox"/> Restaurant	Appearance of Influent: <input type="checkbox"/> Normal <input type="checkbox"/> High Strength <input type="checkbox"/> Weak

NOTE: All alternative/advanced OWTS will require submission of system approval from the maintenance provider

Par IV - Tanks	Tank #1					Condition of tank:
	Manufacturer:		Capacity:		gal	<input type="checkbox"/> Acceptable <input type="checkbox"/> Struct Unsound <input type="checkbox"/> Infiltration <input type="checkbox"/> Exfiltration
	Tank Pumped for Inspection:					Septage Levels:
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended <input type="checkbox"/> Not Required					Scum: in Effluent: in Sludge: in
	Function of Tank:					Manhole Risers: Present <input type="checkbox"/> Yes <input type="checkbox"/> No Diameter:
	<input type="checkbox"/> Septic <input type="checkbox"/> Treatment <input type="checkbox"/> Pump vault <input type="checkbox"/> Dosing <input type="checkbox"/> Grease					Depth of Soil Cover Over Tank: ft in
	Liquid Level in Tank:					Number of Tank Compartments:
	<input type="checkbox"/> Normal <input type="checkbox"/> Below Normal <input type="checkbox"/> Above Normal					<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other _____
	Tank Material:					Condition of Baffles:
	<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Other					<input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail
	Effluent Filter:					Inlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail
	<input type="checkbox"/> Yes <input type="checkbox"/> Cleaned <input type="checkbox"/> No <input type="checkbox"/> Installed <input type="checkbox"/> Insp <input type="checkbox"/> Recommended					Outlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail
	Setback Distance	Building ft	Lot line ft	Stream ft	Well ft	Tank <input type="checkbox"/> Passes <input type="checkbox"/> Conditionally Passes <input type="checkbox"/> Fails
	Additional Comments:					
Tank #2					Condition of tank:	
Manufacturer:		Capacity:		gal	<input type="checkbox"/> Acceptable <input type="checkbox"/> Struct Unsound <input type="checkbox"/> Infiltration <input type="checkbox"/> Exfiltration	
Tank Pumped for Inspection:					Septage Levels:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended <input type="checkbox"/> Not Required					Scum: in Effluent: in Sludge: in	
Function of Tank:					Manhole Risers: Present <input type="checkbox"/> Yes <input type="checkbox"/> No Diameter:	
<input type="checkbox"/> Septic <input type="checkbox"/> Treatment <input type="checkbox"/> Pump vault <input type="checkbox"/> Dosing <input type="checkbox"/> Grease					Depth of Soil Cover Over Tank: ft in	
Liquid Level in Tank:					Number of Tank Compartments:	
<input type="checkbox"/> Normal <input type="checkbox"/> Below Normal <input type="checkbox"/> Above Normal					<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other _____	
Tank Material:					Condition of Baffles:	
<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Other					<input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail	
Effluent Filter:					Inlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail	
<input type="checkbox"/> Yes <input type="checkbox"/> Cleaned <input type="checkbox"/> No <input type="checkbox"/> Installed <input type="checkbox"/> Insp <input type="checkbox"/> Recommended					Outlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail	
Setback Distance	Building ft	Lot line ft	Stream ft	Well ft	Tank: <input type="checkbox"/> Passes <input type="checkbox"/> Conditionally Passes <input type="checkbox"/> Fails	
Additional Comments:						
I certify that I have inspected the tank(s) and that to the best of my knowledge and ability the information in Part IV is correct						
Print Name:					Inspection Date:	
Signature:					Malibu Approved Inspector Number:	

Part V Distribution	Distribution Type:		Access Riser to Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Direct Connection <input type="checkbox"/> Box <input type="checkbox"/> Manifold <input type="checkbox"/> Hydrosplitter <input type="checkbox"/> other		Riser Diameter:
	Distribution System Material of Construction:		Condition of Distribution System:
	<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic/polymer <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other		<input type="checkbox"/> Pass <input type="checkbox"/> Damaged/needing repair <input type="checkbox"/> Failed
Additional Comments:		Observed Deficiencies (if any):	
		<input type="checkbox"/> Roots <input type="checkbox"/> Cracks <input type="checkbox"/> Water Infiltration	
		<input type="checkbox"/> Evidence of Ponding <input type="checkbox"/> Sludge <input type="checkbox"/> Unlevel	
I certify that I have inspected the tank(s) and that to the best of my knowledge and ability the information in Part V is correct			
Print Name:			Inspection Date:
Signature:			Malibu Approved Inspector Number:

Part VI Pump Station	Pump Vault Type: <input type="checkbox"/> In Tank Vault <input type="checkbox"/> Pump Station Vault <input type="checkbox"/> Dosing		Access: <input type="checkbox"/> Yes <input type="checkbox"/> No Diameter:	
	Pump Vault Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Other		Condition of Vault: <input type="checkbox"/> Acceptable <input type="checkbox"/> Struct Unsound <input type="checkbox"/> Infiltration <input type="checkbox"/> Exfiltration	
	Pumps: <input type="checkbox"/> Simplex <input type="checkbox"/> Duplex <input type="checkbox"/> Other		Pump Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pump Replaced <input type="checkbox"/> Incorrect Pump	
	Pump Elevated: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No	High Water Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm System: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Floats: <input type="checkbox"/> Pass <input type="checkbox"/> Needs Adjustment <input type="checkbox"/> Fail
	Comments:			
I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct				
Print Name:			Inspection Date:	
Signature:			Malibu Approved Inspector Number:	

Part VII Dispersal System-Seepage Pit (s)	Diameter	Total Depth	Depth to Liquid From Surface	Dosed by Pressure Line	Accessible for Inspection
	Pit #1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pit #2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pit #3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pit #4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pit #5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impermeable Surface Over Area: <input type="checkbox"/> Yes <input type="checkbox"/> No			Evidence of Surface Discharge/Breakout: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Water in Observation Ports: <input type="checkbox"/> Yes <input type="checkbox"/> No Depth in.			Evidence of Storm Water Ponding: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hydraulic Performance Test: <input type="checkbox"/> Yes <input type="checkbox"/> No			Pressure Distribution System: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dispersal Area: <input type="checkbox"/> Breakout <input type="checkbox"/> Wetness <input type="checkbox"/> Odors					
Condition of Seepage Pit(s): <input type="checkbox"/> Pass <input type="checkbox"/> Conditionally Pass <input type="checkbox"/> Fail					
Comments:					
I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct					
Print Name:				Inspection Date:	
Signature:				Malibu Registered Inspector Number:	

Part VIII Dispersal System-Leach Bed (s)	Type:	Unit Length:	Unit Width:	Thickness of Filter Rock:	Dosed by Pressure Line <input type="checkbox"/> Yes <input type="checkbox"/> No
	Leach Trench				
	Drainfield				
	Drip System				
	Impermeable Surface Over Area: <input type="checkbox"/> Yes <input type="checkbox"/> No			Evidence of Surface Discharge/Breakout: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Water in Observation Ports: <input type="checkbox"/> Yes <input type="checkbox"/> No Depth in			Evidence of Storm Water Ponding: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hydraulic Performance Test: <input type="checkbox"/> Yes <input type="checkbox"/> No			Pressure Distribution System: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dispersal Area: <input type="checkbox"/> Breakout <input type="checkbox"/> Wetness <input type="checkbox"/> Odors				
	Condition of Leach Bed(s): <input type="checkbox"/> Pass <input type="checkbox"/> Conditionally Pass <input type="checkbox"/> Fail				
	Comments:				
I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct					
Print Name:				Inspection Date:	
Signature:				Malibu Registered Inspector Number:	

Part IX Hydraulic Test	Initial Static Liquid Level in Tank: <input type="checkbox"/> Even with Outlet <input type="checkbox"/> Below Outlet <input type="checkbox"/> Above Outlet		Hydraulic Test Initial Level: Inches <input type="checkbox"/> Above Outlet <input type="checkbox"/> Below Outlet	
	Approximate Gallons Water Added: (300 Gal. Minimum): Gallons		Liquid Level Rise (inches):	
	Length of Time Water Added: (10 Minutes Minimum) Minutes		Time to Return to Initial: (30 Min. Max)	
	Dispersal Area Observation: <input type="checkbox"/> Pass <input type="checkbox"/> Further Evaluation Required <input type="checkbox"/> Fail		Hydraulic Test Evaluation: <input type="checkbox"/> Pass <input type="checkbox"/> Marginal <input type="checkbox"/> Fail	
	I certify that I have inspected the Pump Station(s) and that to the best of my knowledge and ability the information in Part VI is correct			
	Print Name:		Inspection Date:	
Signature:		Malibu Registered Inspector Number:		

The intent of an Operating Permit is to authorize the use of the subject Onsite Wastewater Treatment System based on the inspection and assessment performed by a City of Malibu Registered Inspector attesting that the subject system is performing to its design intent. The issuance of an Operating Permit does not authorize or approve any modification to the Onsite Wastewater Treatment System performed without benefit of Environmental Health approval and the issuance of a construction permit to perform such modifications. Additionally, the issuance of an Operating Permit does not authorize or approve the connection of any plumbing fixture to the subject Onsite Wastewater Treatment System without the benefit of Environmental Health approval and the issuance of a plumbing permit to install these plumbing fixture(s), without exception.



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Supplemental Alternative/Advanced Treatment Systems Information Form SECTION C

This form shall be attached to the required “Official Inspection Form Onsite Wastewater Treatment System” when an inspection is performed on an Advanced/Alternative OWTS in accordance with the Malibu Municipal Code and the City of Malibu’s Operating Permit Program.

Part X Advanced Systems	Manufacturer:	Model:	
	Wastewater Vessels other than a Septic Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Vessel: <input type="checkbox"/> Treatment <input type="checkbox"/> Holding <input type="checkbox"/> Equalization <input type="checkbox"/> Dosing <input type="checkbox"/> Pump	
	System Functioning in Accordance to Design: <input type="checkbox"/> Yes <input type="checkbox"/> No	System Controls:	Controls Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pumping Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Functional	Blower: Operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Maintenance Required <input type="checkbox"/> Yes <input type="checkbox"/> No
	Disinfection Unit: Operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Disinfection Unit Type: <input type="checkbox"/> UV <input type="checkbox"/> Chloronation/Dechloronation <input type="checkbox"/> Ozonation	
	Fixed Film Aerobic System Media Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Replaced <input type="checkbox"/> N/A	Media Filter System Condition of Media: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Replaced <input type="checkbox"/> N/A	
	Pressure Dosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spray System Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Repaired	
	Maintenance Provider:	Contract Expiration Date:	
	Date of Last Maintenance:	Status at Last Maintenance:	
	Comments/Identify Issues:		
I certify that to the best of my knowledge and ability the information in Part X is correct			
Print Name:		Inspection Date:	
Signature:		Malibu Registered Inspector Number:	

Attach a copy of the last maintenance report provided by the Maintenance Contractor.



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ONSITE WASTEWATER TREATMENT SYSTEM BEDROOM AND FIXTURE UNIT WORKSHEET

This worksheet shall be used to determine the existing fixture unit count and the proposed fixture unit count for all planned alterations to existing structures. Floor plans may be required to confirm both existing and proposed conditions. When a new OWTS system only is proposed, complete only the proposed column of the worksheet. The completed worksheet shall be certified by an Architect, Civil Engineer, Environmental Health Specialist, City of Malibu Registered Practitioner, or an "A", "C-42", "C-36" Licensed Contractor.

Date: _____

Planning Division Reference Number: _____

Applicant: _____

Worksheet Certification by: _____

Project Address: _____

Print name _____ Signature _____

Number of Bedrooms (Existing): _____

Applicable California State License or Registration Type _____

Number of Bedrooms (Future): _____

State License or Registration Number _____ Expiration Date _____

Type of Plumbing Fixture	Existing Fixtures	+	Proposed Fixtures	=	Total Fixtures	x	Unit Value	=	Existing Fixture Units	Total Future Fixture Units
	"A"		"B"		"(A + B)"		"C"		"A x C"	"(A + B) x C"
Bathtub or Combination Bath/Shower		+		=		x	2	=		
Bidet		+		=		x	2	=		
Bar Sink		+		=		x	1	=		
Clothes Washer		+		=		x	3	=		
Dishwasher		+		=		x	2	=		
Laundry Sink		+		=		x	2	=		
Lavatory (Wash Basin)		+		=		x	1	=		
Kitchen Sink		+		=		x	2	=		
Shower (Single Head)		+		=		x	2	=		
Water Closet (Flush Toilet)		+		=		x	6	=		
Other (MPC Table 7-3)		+		=		x		=		
Other (MPC Table 7-3)		+		=		x		=		

TOTAL EXISTING FIXTURE UNITS

TOTAL FUTURE FIXTURE UNITS

Notes

*The fixture units listed on this form may not reflect the permitted number of fixture units on file with the City. Please consult with City staff to determine the approved number of fixture units for the building(s).

1. In completing this form, a room is considered a bedroom if it provides privacy, has an associated closet, and is in close proximity to a bathroom with bathtub and/or shower fixtures.
2. If an existing fixture is to be deleted from the project, indicate the fixture with a minus sign (-) next to the proposed fixture quantity in column "B".
3. For plumbing fixtures not shown in this table please refer to California Plumbing Code.



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