



Septic System Maintenance Is Due Soon

Notice

By ordinance Chapter 58, the City of Berkeley Lake requires that each septic system be serviced at least every 5 years by a licensed contractor registered with the Gwinnett County Health Department. That service must include inspection of the septic system components to ensure proper function, pumping of the septic systems tanks, and repair of any deficiencies, malfunctions or damage. The property owner is responsible for ensuring compliance with these requirements and using the appropriate forms to notify the city clerk that the required service has been performed.

Deadline «DEADLINE DATE»

City records indicate that the last date of service for the «SYSTEMNAME» septic system at «SEPTICADDRESS» was «LTDTSERVICE». Based upon that date, the deadline for service is «DEADLINE DATE». If you believe the last date of service indicated above is incorrect, please provide the required documentation to city hall.

What do I, as the property owner, need to do?

- 1) If you believe you qualify for an extension to the service interval, at least 60 days before the deadline, use the extension request form to make that request to the city clerk. You will be notified as to whether your request has been granted or denied. If you do not qualify for an extension, proceed to step 2.
- 2) So that you will have time to address needed repairs, if any, at least 30 days before the deadline, arrange for a qualified licensed contractor to inspect and pump out your septic system.
- 3) Before the contractor leaves the premises, have the contractor complete and sign *the Septic System Inspection & Compliance Statement* and be sure the contractor provides a receipt for services rendered.
- 4) Return the completed *Inspection & Compliance Statement* along with a copy of the contractor's receipt for services rendered to the city by the deadline noted above. **Ensuring that all required paperwork is provided to the city is the responsibility of the property owner.**

Related Forms

The following forms are enclosed:

Service Interval Extension
Request

May be submitted to the city clerk if the homeowner is seeking a new extension to the mandated five year inspection and pump-out service requirement. If approved, the maximum possible extension is 3 years.

Septic System Inspection &
Compliance Statement

Completed and signed by the service contractor and property owner at the time of service and submitted by property owner to the city clerk by the deadline noted above.



SEPTIC SYSTEM INSPECTION and COMPLIANCE STATEMENT

| PROPERTY INFORMATION | | | | | | | | | |
|--|-----|----------------------------|-------------------------------|--------------------------------|---|--|-----|------------------------------|------------------------------|
| Site Address: | | | | | Mailing Address: | | | | |
| Owner Name: | | | | | City/State/Zip: «CITY» | | | | |
| Owner E-mail: | | | | | Owner Telephone: | | | | |
| SYSTEM INFORMATION (to be completed by contractor) | | | | | | | | | |
| System «S1» of «S2» | | # Bedrooms: | | # Occupants: | | Type: <input type="checkbox"/> Conventional <input type="checkbox"/> Aerobic <input type="checkbox"/> Other: _____ | | | |
| Capacities: Septic Tank: (gallons) Dosing Tank: | | | Aerobic Unit: Grease Trap: | | | Septic Tank material: | | Field Type: | |
| Components include _____ Access Riser _____ Dry Well (give quantity of each) _____ Aerator _____ Alarm _____ Lift pump _____ Dosing Tank _____ Distribution Box | | | | | | | | | |
| Garbage Disposal present? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Date of <u>Last</u> Service: | | | Date of <u>This</u> Service: | |
| OBSERVATIONS & ASSESSMENT (to be completed by contractor) | | | | | | | | | |
| Scum Layer: _____ inches | | Sludge Layer: _____ inches | | Gallons pumped: | | Recommended service interval: _____ years | | | |
| | YES | NO | N/A | | YES | NO | N/A | Location Sketch | Indicate North |
| Discharge to ground surface | | | | Riser intact and watertight | | | | | |
| Discharge to surface water | | | | Lid intact/in good condition | | | | | |
| Discharge to storm drainage | | | | Baffles intact | | | | | |
| Backup to plumbing fixtures | | | | Effluent filter present | | | | | |
| Solids in dosing tank | | | | Effluent filter free of debris | | | | | |
| Odor/ponding in drain field | | | | Scum layer healthy | | | | | |
| Backflow from outlet to tank | | | | Pump(s) in working order | | | | | |
| Structures over tank or field | | | | Alarm(s) in working order | | | | | |
| Lush vegetation over tank/field | | | | Electrical controls sealed | | | | | |
| Frequent pumping reported | | | | Recommended repairs done | | | | | |
| Past failure indicated | | | | Comments: | | | | | |
| Repairs recommended: (list) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | Show distances to structures |
| CONTRACTOR INFORMATION | | | | | | | | | |
| Company Name: | | | | | Inspector Name: | | | | |
| Address: | | | | | Company telephone: | | | | |
| City/State/Zip: | | | | | Company e-mail: | | | | |
| PROPERTY OWNER'S CERTIFICATION | | | | | INSPECTOR'S CERTIFICATION | | | | |
| I certify that all components of the system identified above were inspected, tank pumped and necessary repairs made in compliance with Sec. 58-2 of the Berkeley Lake City Code on the date shown above. | | | | | I certify that this report of inspection and service of the system identified above is based on observations made on-site on the above date and that the system is in good repair and proper working order. | | | | |
| Owner's signature | | | Date | | Inspector's signature | | | Date | |

**RETURN COMPLETED FORM TO BERKELEY LAKE CITY HALL, 4040 SOUTH BERKELEY LAKE ROAD, BY SERVICE DEADLINE
TEL: 770.368.9484**



Service Interval Extension Request

This form is used to calculate minimum service levels only, and is not intended to dictate proper septic system maintenance. Minimum inspection/service reporting level is based upon four criteria specific to a given septic system:

- type of technology used in the septic system,
- capacity of the settling tank in the system,
- number of people contributing to the system, and
- presence or absence of garbage disposal contributing to the system.

| | | |
|---|--|---|
| 1 | For each person in your household, how many months of the year do they live in your household? | _____ months for Person #1 _____ months for Person #2 _____ months for Person #3 _____ months for Person #4 _____ months for Person #5 _____ months for Person #6 _____ months for Person #7 _____ months for Person #8 _____ months for Person #9 _____ months for Person #10 |
| 2 | Add up the months for all persons listed in Question 1. | (a) |
| 3 | Calculate <i>Year Round Residency Number</i> as $(a) \div 12 = (b)$ and round up if a fractional value | (b) |
| 4 | Excluding dosing tanks, what is the total capacity of your septic system black water settling tank? | (c) gallons |
| 5 | Is a garbage disposal connected to your system's black water settling tank? Circle one. | (d) Yes No |
| 6 | Is this system an old-style conventional system or a new advanced technology treatment system? | (e) |
| 7 | Date of last qualifying service. | (f) |

Property Owner Name: _____

Property Address: _____

Email Address: _____

Telephone Nos.: Home _____ Mobile _____

I hereby certify that the information presented here is accurate to the best of my knowledge.

Property Owner Signature: _____ Date: _____

Received for City by: _____ Date: _____

THIS SECTION BELOW FOR CITY USE ONLY

| | | |
|----|---|----------------|
| 8 | Using Table 1, determine the Years and Months that correspond to the intersection of items (b) and (c). | (g) ____y____m |
| 9 | Enter 0.5 for (h) if answer for (d) is Yes. Enter 1 for (h) if answered No for (d) and Conventional for (e). Enter 2 for (h) if answered No for (d) and Advanced for (e). | (h) |
| 10 | Calculate (g) x (h) = (i) to determine the recommended septic system pumping interval in years and months. | (i) ____y____m |

Approved Inspection/Service Reporting Interval: _____ Years _____ Months

Next Required Inspection/Service Date: _____

Approved by City Clerk: YES NO

Signed (City Clerk): _____ Date: _____