

Illicit Connections and Illicit Discharges (IC/ID) Elimination Program
City of Malibu
FY 2011-2012

Special Provisions IV F. 1. *Attach a copy of your agency's IC/ID Elimination Implementation Program (Part 4.G.1.a.).*

The City of Malibu generally follows the Los Angeles County Model Program for the IC/ID Elimination Program. The Malibu Creek and other Rural Watersheds Management Committee cities have reviewed the County program and refined our watershed approach to these requirements so they best suit the regional characteristics. While not formally finalized and adopted, elements of Plan Blue including the Illicit Connection/Illicit Discharge (IC/ID) Elimination program are implemented as the acceptable norm. The relevant IC/ID excerpt follows at the end of this document.

City of Malibu Specific Procedure Regarding Sewage Spills from Onsite Wastewater Treatment Systems (OWTS).

The City also has a program to prevent discharge of sewage to the MS4 and surface waters in the unlikely event of a spill. The City of Malibu does not own or operate a municipal sanitary sewer system. The majority of private properties, residential and commercial, do utilize septic systems, onsite wastewater treatment systems (OWTS), or small privately operated treatment plants. Therefore, the information reported in this attachment refers only to septic systems, OWTS, or small privately operated treatment plants. Any potential discharge associated with one of the previously listed type of systems is likely of very small volume and localized where it can be contained, as opposed to the large, difficult to control spills that are experienced by agencies with large collection systems conveying sewage to a centralized wastewater treatment plant. This past reporting year, the City launched its own dedicated 24 hour pollution prevention hotline and anticipates a more effective means for the community to report any spills, in particular over weekends when the City is closed. See section IV A Outreach attachment for a copy of the hotline brochure.

In addition, educational materials are given to owners of septic systems, and Building Safety is currently implementing a comprehensive program with a database to track septic systems (inspections, installation, maintenance, upgrades etc.). More information follows in this document.

The following spill response program is implemented in the event there is a septic spill reported to the City. When notified of a potential spill, an inspector is immediately dispatched. Upon confirmation that a spill has occurred, the following occurs:

1. Code Enforcement issues a notice of violation
2. Order immediate pumping; require that a copy of the pump receipt be faxed to City.

3. Order that the owner provide a report detailing the condition, location, and construction of the system and recommendation for repair if any.
4. Order that any spilled effluent be properly cleaned up by a licensed professional with necessary removal and disinfection of materials/surfaces without causing illicit discharge.

If the flow is continual and reaching a storm drain or other body of water and the responsible party is unavailable, we contact the contract City Street Maintenance Crew for assistance with sandbags to contain the flow. The Los Angeles County Department of Public Health (LACDPH) is also notified, and they have the authority to have the water shut off to terminate the continued flow of sewage. Notifications are made consistent with the LACDPH protocol, including reporting to the Regional Water Quality Control Board. The previously listed requirements are then made to the property owner. LA County Fire Department and Lifeguards occasionally assists with response, especially on weekends.

If an illicit discharge and/or connection is suspected to be coming from an illicit graywater source, the City requires an inspection of the Onsite Wastewater Treatment System (OWTS) performed by a City of Malibu registered OWTS inspector. The inspection must be documented on the City of Malibu Official Inspection Form (as part of the Comprehensive Onsite Wastewater Treatment System Inspection and Operating permit Program- see below). This form is included at the end of the document. The inspector must also provide a separate report on the illicit gray water discharge, and identify how the flows from this gray water source will be reconnected to the existing OWTS.

Malibu's OWTS program also helps prevent spills. *Ordinance 321 a Comprehensive Onsite Wastewater Treatment System Inspection and Operating Permit Program Scheme* was adopted on March 10, 2008 by the Malibu City Council. Following EPA guidance regarding management options, this program provides a means of system inventory, assurance of system functionality and system sustainability. This program requires that owners of real property served by an onsite wastewater treatment system (OWTS or septic system) obtain an inspection of the OWTS, apply for an operating permit, and make any necessary repairs or upgrades in accordance with the following schedule:

- New Developments—before a certificate of occupancy is issued
- Existing properties:
 - Whenever a permit for repair, alteration, replacement, renovation or relocation of an existing OWTS occurs
 - Whenever a remodeling or repair results in addition of plumbing fixtures or increase in load to the existing OWTS
 - Prior to any purchase or change in ownership
- Restaurants—by March 10, 2009
- Other commercial uses—by March 10, 2009
- Multi-family or Condominiums—by March 10, 2010

Once issued, renewal of operating permits, including a required inspection must occur according to the following schedule:

- Commercial or multifamily uses—every two years

- Single-family uses with alternative OWTS technology—every three years
- Single-family uses with conventional OWTS technology—every five years

All Inspectors must be registered and approved by the City of Malibu. To qualify as an Inspector they must possess a valid California License as a Certified Engineering Geologist, Registered Professional Geotechnical, Civil Engineer, or a Registered Environmental Health Specialist. All inspectors must have attended specific OWTS inspection training provided by a nationally recognized entity and a City sponsored training. Each component requires the successful completion of an examination.

More information about the city's wastewater management program can be found on the city's website at www.malibucity.org/index.cfm/fuseaction/nav/navid/274/

Complaint Forms and Inspection Documentation

Staff has spent extensive time improving the documentation of IC/ID inspections. Staff has been trained annually in the use of forms, and updates to the forms were generated in response to feedback at these trainings. Copies of the forms are included in Attachment 11-12 MBU I D- Staff Training of this annual report. Consistency in reporting has been an ongoing major success in this program over the past few reporting years. The City continues to review these forms and processes as experience is gained and possible improvements are identified.

November 10, 2003 Update

SECTION 3: ILLICIT CONNECTIONS AND ILLICIT DISCHARGES ELIMINATION PROGRAM

Goal and Intent

Illicit connections and illicit discharges are the means by which polluted urban runoff, trash and all manner of pollutants from paint and solvents to cigarette butts get into the storm drain system and end up in the rivers, lakes and ocean. The goal of the illicit connections and illicit discharges (ICID) elimination program is to remove all illegal connections and cease all prohibited discharges to the storm drain system. The ICID Elimination Model Program component of the countywide SQMP is available on-line at www.ladpw.org/wmd/NPDES/ICID_TC.cfm. The program includes documentation, tracking, and reporting of all discovered illicit connections and discharges. Reporting includes annual mapping of all documented incidents on a Geographic Information System (GIS).

An illicit connection occurs when someone connects a pipe, channel, conduit, or other man-made conveyance system to the municipal storm drain system through which prohibited non-stormwater flows are discharged. For instance, a car wash facility connecting its soapy water discharge pipe directly to the public storm drain system would be an illicit connection. Illicit connections shall be discovered through a combination of field screening of the storm drain system and investigation of citizen reporting.

An illicit discharge occurs when someone dumps something other than rainwater into the municipal storm drain system. Examples of illicit discharges include things like washing down lawn cuttings into the street drain, washing out paint in the street gutter, and rainwater contaminated with dirt from an unprotected stockpile entering the storm drain. Illicit discharges shall be controlled primarily through investigations in response to citizen reporting.

Meeting and Augmenting Requirements to Meet our Goal

The watershed Cities and LA County have had programs to receive, respond to, and document investigations of illicit discharge and connection incidents for 10 years now. The procedures for receiving and responding to citizen reports of illegal dumping activities are well established. Every reported or discovered illicit connection or illicit discharge is investigated as immediately as practicable and every effort is made to identify the source, clean-up, disconnect, or otherwise abate any illegal activity. Each report and investigation is documented on file, listed in a database, and plotted in a GIS format for annual data transmittal to LA County for updating their regional mapping of ICIDs.

Each agency has assigned staff to be in charge of responding to storm water related citizen phone calls and document the calls. A 24-hour hotline was established and advertised – both to get the word out about reporting ICIDs and to give people somewhere to call anytime they have one to report. Now anyone can call 1-888CleanLA at any hour and file a report about illegal dumping or connections to the storm drain system. LA County records these hotline calls, responds to those in their jurisdiction and forwards the rest to the appropriate agencies. Whether a call was taken through the local City Hall's citizen request procedures or referred by the 888CleanLA

hotline, the report is then referred to the assigned ICID staff person for immediate follow-up. Within 72 hours of receiving a report, an investigation is begun. In general, if the report comes in during business hours the agency responds on the same day, especially if the call involves active dumping at the time of the call!

An illicit discharge investigation typically includes a field visit to the location of the incident, sampling and testing of unknown pollutants found at the site, containment and abatement of discovered discharges and connections, and clean-up as needed. If a person is “caught red-handed” so to speak, then they would be educated on pollution prevention laws and the effects of their actions on the receiving waters and given both a verbal and written notice of violation plus educational materials. If no one is around but there is evidence of illegal dumping found, there is an attempt to locate the source (ie: is there construction activity, home projects, a pollutant trail back to the source?). If the source is located, similar procedures as above are followed. Sometimes a person cannot be located, but a property is identified as being involved. In that case, a letter regarding the violation is sent to the property owner, including educational materials and a discussion of pollution prevention laws citing municipal codes violated by the activity in question. A follow-up visit to the subject property is conducted when appropriate to confirm that the discharge has been ceased and cleaned up. The vast majority of ICID investigations end at this first point of contact. People are highly receptive to the information and want to do the right thing once they get the picture. Each incident is documented in the agency’s ICID files, including name and contact information on the violator. However, if follow-up visits find that the violator is persisting with ICID activities, the next step would be to issue a second letter with formal notice of violation that indicates potential fines or civil action that can be brought if they do not cease and desist. After the second written warning of violation, the agency may refer a violation to the Regional Water Quality Control Board for further follow-up, which is likely to include a fine.

Illicit connections are similarly investigated, with one added step in identifying whether a discovered connection is already permitted through local agencies or covered under its own NPDES permit. This program has recently become more pro-active in identification and removal of illicit connections through field screening of the storm drain system. Field screening involves walking through open channels and televising underground pipes to locate and map all connections to the storm drain system. Once the connections to the storm drain system are mapped, each one must be documented as being permitted or legal storm water discharge connections that can be permitted or as being an illicit connection that must be removed. Once an illicit connection has been identified, it must be removed within 180 days.

What We Plan to Do

As we continue to implement the ICID Elimination program as described in the countywide SQMP, the following specific elements will be implemented by each watershed City:

- Maintain assigned staff to respond to ICID reports during business hours. When the primary ICID responder is out of the office, an alternate shall be designated.
- Provide staff training to ensure that ICID related reports are transferred to the appropriate individuals for response and to maintain at least two adequately trained responders. This includes annual training of administrative, public works, inspection, code enforcement, and building and safety staff that are in a position to receive such calls. A list of targeted

staff for ICID training shall be developed and maintained, along with a record of all training provided.

- Develop and use standardized ICID investigation report forms for documentation of the reports and investigations.
- Develop and use form letters for initial and second notice of violation.
- Database ICID reports in a manner consistent with GIS attribute needs as requested by LA County.
- Map ICID incidents on GIS base map and submit to LA County each year.
- Develop and maintain a map of all storm drain infrastructure within the City Limits. This map shall include enough information to identify what receiving water a discharge will be released into from any point of discharge citywide.
- Develop and distribute public outreach materials that explain what illicit connections and discharge are, and what someone should do if they see one.

Future Focus

- ❖ Acquire City GIS base map
- ❖ Acquire GIS shape file of storm drain system from LA County
- ❖ Acquire or develop a watershed-wide map of all storm drain infrastructure

Evaluation Indicators

Documentation of the effective resolution of incidents is one good way to evaluate the effectiveness of this program. ICID incidents will be tracked and evaluated based on how they are resolved. Impediments to resolution of incidents will be noted and the ICID program revised as needed.

Another concrete indicator will be the existence of and maintenance of the watershed-wide storm drain and sewer system maps.

Documentation of the number of focused outreach campaigns that occur as a result of the ICID program implementation is another access to evaluation of program success.

An increase in the number of reported incidents can also be used to gauge if the public is becoming more aware of the ICID program.

Cost Tracking and Budgeting

In order to appropriately budget for and report on the cost of implementing the ICID program, each agency will need to track the following related program costs:

- 1) Staff time. This item includes time spent by staff doing anything related to implementation of this program, such as developing report forms, storm drain mapping, documenting and investigating ICID reports, issuing letters of violation, developing and distributing ICID educational materials, etc. Ideally, all dedicated staff time would be tracked using a time card system with each employee indicating ICID specific hours on a weekly basis. However, since this is not a practical, ICID staff time will be through a combination of directly reported hours and percentage usage estimates for various staff positions. For example, the code enforcement officer may spend 10% of their time

following up on ICID reports. The targeted staff training list will be used as a basis for identifying all staff time contributed to this program and a reasonable estimate of effort will be identified based on the volume of reporting received and investigated throughout each fiscal year.

- 2) Consultants. Any fees arising from consultant contracts that include ICID services shall be accounted for in the ICID budget.
- 3) Direct Costs. All costs realized through lab test fees, monitoring equipment acquisition or maintenance, printing, reproduction and distribution of information, or other expenditures directly related to ICID program implementation shall be documented in the ICID budget.



City of Malibu

Environmental and Building Safety Division

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OFFICIAL INSPECTION FORM ONSITE WASTEWATER TREATMENT SYSTEM

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 15.14.050 of Ordinance 321. The form must be completed by a City of Malibu Approved Inspector (Section 15.14.060). 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended <input type="checkbox"/> Not Required					Septage Levels: Scum: in Effluent: in Sludge: in
	Function of Tank: <input type="checkbox"/> Septic <input type="checkbox"/> Treatment <input type="checkbox"/> Pump vault <input type="checkbox"/> Dosing <input type="checkbox"/> Grease					Manhole Risers: Present <input type="checkbox"/> Yes <input type="checkbox"/> No Diameter: _____
	Liquid Level in Tank: <input type="checkbox"/> Normal <input type="checkbox"/> Below Normal <input type="checkbox"/> Above Normal					Depth of Soil Cover Over Tank: ft in
	Tank Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Other					Number of Tank Compartments: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other _____
	Effluent Filter: <input type="checkbox"/> Yes <input type="checkbox"/> Cleaned <input type="checkbox"/> No <input type="checkbox"/> Installed @ Inspt <input type="checkbox"/> Recommended					Condition of Baffles: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail
	Setback Distance	Building ft	Lot line ft	Stream ft	Well ft	Inlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail Outlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail
						Tank: <input type="checkbox"/> Passes <input type="checkbox"/> Conditionally Passes <input type="checkbox"/> Fails
	Additional Comments:					
<hr/>						
Tank #2						
Manufacturer:		Capacity:		gal	Condition of tank: <input type="checkbox"/> Acceptable <input type="checkbox"/> Struct Unsound <input type="checkbox"/> Infiltration <input type="checkbox"/> Exfiltration	
Tank Pumped for Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended <input type="checkbox"/> Not Required					Septage Levels: Scum: in Effluent: in Sludge: in	
Function of Tank: <input type="checkbox"/> Septic <input type="checkbox"/> Treatment <input type="checkbox"/> Pump vault <input type="checkbox"/> Dosing <input type="checkbox"/> Grease					Manhole Risers: Present <input type="checkbox"/> Yes <input type="checkbox"/> No Diameter: _____	
Liquid Level in Tank: <input type="checkbox"/> Normal <input type="checkbox"/> Below Normal <input type="checkbox"/> Above Normal					Depth of Soil Cover Over Tank: ft in	
Tank Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Other					Number of Tank Compartments: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other _____	
Effluent Filter: <input type="checkbox"/> Yes <input type="checkbox"/> Cleaned <input type="checkbox"/> No <input type="checkbox"/> Installed @ Inspt <input type="checkbox"/> Recommended					Condition of Baffles: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail	
Setback Distance	Building ft	Lot line ft	Stream ft	Well ft	Inlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail Outlet Tee: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged <input type="checkbox"/> Fail	
					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: <input type="checkbox"/> Direct Connection <input type="checkbox"/> Box <input type="checkbox"/> Manifold <input type="checkbox"/> Hydrosplitter <input type="checkbox"/> other		Access Riser to Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No Riser Diameter:
	Distribution System Material of Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic/polymer <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other		Condition of Distribution System: <input type="checkbox"/> Pass <input type="checkbox"/> Damaged/needng 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 Elevated: <input type="checkbox"/> Yes <input type="checkbox"/> No			Pump Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pump Replaced <input type="checkbox"/> Incorrect Pump	
	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	Type <input type="checkbox"/> Seepage Pits <input type="checkbox"/> Leach Trenches <input type="checkbox"/> Leach Field <input type="checkbox"/> Sand Filter <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> ET Bed					
	Number of Type Units		Unit Length ft	Unit Width ft	Pit Diameter ft	Liquid Depth in Pit
	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			Squirt Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Performed		
	Setback Distance	Building ft	Lot Line ft	Stream ft	Well ft	Condition of Dispersal System: <input type="checkbox"/> Pass <input type="checkbox"/> Conditionally Pass <input type="checkbox"/> Fail
	Comments					
I certify that I have inspected the dispersal system and that to the best of my knowledge and ability the information in Part VII is correct						
Print Name:			Inspection Date:			
Signature:			Malibu Approved Inspector Number:			

Part VIII Hydraulic Test	Static Liquid Level in Tank: <input type="checkbox"/> Even with Invert <input type="checkbox"/> Below Invert <input type="checkbox"/> Above Invert		Hydraulic Test Initial Level: Inches <input type="checkbox"/> Above <input type="checkbox"/> Below Inlet	
	Approximate Gallons Water Added: Gallons		Liquid Level Rise (inches):	
	Length of Time Water Added: Minutes		Time to return to Initial: (30 minute 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 performed the hydraulic test and that to the best of my knowledge and ability the information in Part VIII is correct			
	Print Name:		Inspection Date:	
Signature:		Malibu Approved Inspector Number:		



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This form is to be completed in its entirety for all Alternative/Advanced Treatment Systems

This form shall be attached to the required “Official Inspection Form Onsite Wastewater Treatment System” when an inspection is performed in accordance with Ordinance 321 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	System Controls: <input type="checkbox"/> Yes <input type="checkbox"/> No Controls Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pumping Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Functional	Air Supply for Aeration: <input type="checkbox"/> Yes <input type="checkbox"/> No Operation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Maintenance
	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
	Maintenance Provider:	Contract Expiration Date:
	Date of Last Maintenance	Status at Last Maintenance
	Comments:	

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

