# County of Santa Cruz
## Health Services Agency ♦ Environmental Health

701 Ocean Street, Room 312, Santa Cruz, CA 95060
831) 454-2022  Fax : (831) 454-3128  TDD/TTY -Call 711   www.scceh.com   landuse@santacruzcounty.us

## ADVANCED ONSITE WASTEWATER TREATMENT SYSTEM
## STATEMENT OF COMPLETION & ACCEPTANCE

**AOWTS Location** (all information required):
Address:_____
Owner:_____
APN: _____
Permit Number: _____
Environmental Health OWTS Approval Date: _____

**AOWTS Designer** (all information required): Check One ☐ REHS ☐ RCE ☐ PG/CEG
Name/License Number: _____
Company:_____
Address:_____
Phone Number: _____

As the advanced onsite wastewater treatment system (AOWTS) designer of record for the above referenced AOWTS, I hereby certify that I approve the installation of the system and have determined the system to be in conformance with my specifications for the intended use. The initial startup of the AOWTS facility has been completed under my supervision and the AOWTS has been determined to be operationally functional at this time.

_____        _____
Signature of Designer                                              Date

**AOWTS Maintenance Practitioner** (all information required):
Name:_____
Company:_____
Address:_____
Phone Number: _____

As the designated AOWTS Maintenance Practitioner for the above referenced AOWTS, I hereby certify the system is functioning per the designed intent and I hereby accept responsibility for the maintenance of the AOWTS facility. I agree to notify the County of Santa Cruz, in writing, within thirty (30) days should any failure of thesystem occur or if the maintenance contract is terminated or altered for any reason.

_____        _____
Signature of Maintenance Practitioner                          Date

**AOWTS Installation Practitioner** (all information required):
Name:_____
Company:_____
License class and number: _____

As the licensed installation Practitioner for the referenced AOWTS, I hereby certify that the system has been installed in conformance to the County of Santa Cruz approved AOWTS plans and specifications.

_____        _____
Signature of Installation Practitioner                            Date