

**WATER AND/OR SEWAGE DISPOSAL SYSTEM CERTIFICATION**  
**ALPINE COUNTY HEALTH DEPARTMENT**

75-B Diamond Valley Road  
Markleeville, CA 96120  
(530) 694-2146 (530) 694-2252 fax

**APPLICANT INFORMATION:**

BUYER'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

**PERSON REQUESTING CERTIFICATION:**

COMPANY \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_ ESCROW NUMBER \_\_\_\_\_

**PROPERTY INFORMATION:**

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_  
APN \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

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**WATER SYSTEM INFORMATION:**

\_\_\_\_\_ Individual System \_\_\_\_\_ Public System  
1. Bacteriological Results: \_\_\_\_\_ Name of System \_\_\_\_\_  
Date: \_\_\_\_\_  
2. Inspection Date: \_\_\_\_\_

It is the opinion of the Alpine County Health Department that this individual water supply system is \_\_\_\_\_ is not \_\_\_\_\_ satisfactory at the present time as a domestic water supply for the subject property.

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**SEWAGE DISPOSAL SYSTEM INFORMATION:**

\_\_\_\_\_ Individual System \_\_\_\_\_ Public System  
1. Tank pumped date: \_\_\_\_\_ Name of System \_\_\_\_\_  
2. Inspection date: \_\_\_\_\_

It is the opinion of the Alpine County Health Department that this individual sewage disposal system was \_\_\_\_\_ was not \_\_\_\_\_ failing at time of inspection.

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**APPROVED BY:**

ENVIRONMENTAL HEALTH SPECIALIST \_\_\_\_\_ DATE \_\_\_\_\_