



## RECERTIFICATION OF SITE EVALUATION REPORT (SER)

Property Address: \_\_\_\_\_ APN: \_\_\_\_\_

Site Evaluation Report (SER) Completed By: \_\_\_\_\_ Dated: \_\_\_\_\_

Consultant Name: \_\_\_\_\_ California Registration Number: \_\_\_\_\_

Original Consultant Name (if different from above): \_\_\_\_\_ California Registration Number: \_\_\_\_\_

I have completely and thoroughly reviewed the site described above, and in accordance with Nevada County Sewage Ordinance and Policies, my field inspection and/or tests, certify that the Site Evaluation Report (SER) previously submitted is still accurate and viable for use to construct an On-Site Wastewater Treatment System (OWTS).

### Check if applicable:

- The SER package is complete pursuant to the requirements of the current Nevada County Local Area Management Plan (LAMP). Site Plan must match associated Building Plans. Complete package must be stamped by the current design professional. **(required)**
- A field inspection has been made to determine that the OWTS area previously identified in the SER is still in its native state and has not been significantly altered by human or natural events to change the original findings of the Department or the SER. **(required)**
- The site has been evaluated to verify/identify all setbacks previously noted and any that may now exist due to changes that have occurred on the parcel or neighboring parcels. For example: Addition of wells, foundations, embankments, change in surface waters or waterways, etc. **(required)**
- Updated percolations tests have been performed in the previously identified OWTS area and are included here for consideration of the Department. **(only if Consultant or County require)**
- An updated site plan was created to include new percolation tests, changes on the parcel or neighboring parcels that have occurred since the original SER was completed and includes any newly identified setbacks near the OWTS area.
  - Original SER Site Plan may be used if no changes occurred and meets current Nevada County Local Area Management Plan (LAMP) Standards.

I understand that by recertifying this SER, I am confirming that suitable site conditions exist for establishing an OWTS in the identified area and the Department may maintain or modify the findings report per the information provided as part of this recertification document.

\_\_\_\_\_  
Consultant Name (Print)

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date

**This certification is valid for three (3) years following the date of the Consultant's signature above.**