SEPTIC TANK PUMPING INSPECTION REPORT

This report is NOT a certification or inspection of the septic tank by the Environmental Health Division (EHD). Repair or replacement of any part of the septic tank system must be completed under permit and inspection by EHD.

Complete items #1-13 below, sign, and forward to the address shown above.

1. Property Owner Name: ____________________________________________________
2. Pumping Location: _______________________________________________________
3. Assessor’s Parcel Number: _______ _______ - O - _______ _______ - _______ _______
4. Date of Pumping: _________________________________________________________
5. Gallons Pumped: _________________________________________________________
6. Type of on-site disposal:
   ____ Septic tank/absorption field or seepage pit
   ____ Cesspool
   ____ Other (explain) _____________________________________________________
7. Estimated capacity of septic tank or cesspool: _____________________________
8. Internal dimensions of septic tank: length _______; width _______; depth _______; (in feet)
9. Construction of septic tank or cesspool (check one of the following):
   Concrete ___ Steel ___ Fiberglass ___ Wood ___
   Other (explain): _________________________________________________________
10. Condition of tank (answer YES or NO for each question):

       YES NO
Inlet tee present? _______ _______
Outlet tee present? _______ _______
Two compartments? _______ _______
Tank structure damaged? * _______ _______
Baffle wall damaged? * _______ _______
   * If YES, briefly explain
Tank structure deteriorated? ** _______ _______
Baffle wall deteriorated? ** _______ _______
   ** If YES, what was original thickness of concrete in inches? _______ and
       what was thickness of concrete at time of inspection in inches? _______
11. While pumping the tank, did effluent flow back into the septic tank from the absorption system?  YES _____  NO _____
12. Prior to pumping, was the liquid level in the tank above the outlet tee? YES _____  NO _____
13. Show the septic system location on the plot plan (See reverse side).
14. Additional Comments: ___________________________________________________

I certify under penalty of perjury that the foregoing is true and accurate.

Signature of Pumper __________________________________ Date ___________________
Pumper Company Name _____________________________________________________
Ventura County Health Permit Number ________________________________

McKinns/ISDS/Pumping Inspection Report  2 22 08
Show the following:

1. All structures
2. Septic tank
3. Disposal field (if known)
4. Water lines and wells (if known)
5. Garage and driveway