# County of San Luis Obispo
# Septic Tank Inspection Report

(Please type or print)

**Date of Service / Maintenance**_____

**Owner's Name**_____ **Phone No:**_____

**Location of Inspection**_____
(Address) (City) (Zip)

**Number of Bedrooms**_____ **Year Septic System Built:** _____

**Septage disposal location / date:** _____

**System Components:**

☐ **Septic tank with leach field or drywell** ☐ **Septic tank with pump** ☐ **Cesspool** ☐ **Other** _____

**Estimated capacity of septic tank** _____**gallons** **Number of compartments** _____

**Amount Pumped** _____**gallons** **Number of access lids:**_____

**Depth to Access lids:**_____ **Diameter of Access Lids:**_____

**Construction of septic tank or Cesspool:**

☐ **Rectangular** ☐ **Round** ☐ **Other**

☐ **Concrete** ☐ **Fiberglass** ☐ **plastic** ☐ **Brick** ☐ **other**_____

| Condition of Tank: | No | Yes | | No | Yes |
|---|---|---|---|---|---|
| Tank deteriorated | ☐ | ☐ | inlet tee present | ☐ | ☐ |
| Baffle Wall deteriorated | ☐ | ☐ | outlet tee present | ☐ | ☐ |
| Lids are deteriorated | ☐ | ☐ | house lateral open | ☐ | ☐ |
| Heavy grease build-up | ☐ | ☐ | needs pumping | ☐ | ☐ |

**Minimum concrete thickness at lids:**_____ **method of measurement:**_____

**Prior to pumping was effluent above outflow tee?** ☐ **No** ☐ **Yes** (may indicate failing system)

**While pumping did effluent re-enter tank from leach system** ☐ **No** ☐ **Yes** (may indicate failing system)

**Signs of surfacing effluent** ☐ **No** ☐ **Yes, location**_____

**Any signs of Past drainage problems?** ☐ **No** ☐ **Yes**

site map N

**Maintenance performed:**_____

_____

**System appears to be functioning satisfactorily?** ☐ **No** ☐ **Yes**

**Repairs / upgrade required**

1._____

2._____

3._____

**Comments / Recommendations:**_____

_____

**Inspectors qualifications:** _____**C-42** _____**NAWT**

**Other qualifications:**_____

**Service Company Performing Pumping / Maintenance:**

The useful life of any septic system is determined by numerous factors, including but not limited to, soil characteristics, water usage, and proper maintenance. This inspection report is based on observations by the inspector and information provided by the system owner. It is not a guarantee of system adequacy.

**Signature of Qualified Inspector:**_____ **Date:**_____ **Phone:**_____

**When form is completed, please return pink and yellow copy to: Department of Environmental Health, C/O Megan Lillich REHS, P.O. Box 1489, San Luis Obispo, Ca. 93405.**

**For any questions about septic repair or maintenance, please contact Barry Tolle REHS at 781-5628, e-mail at: btolle@co.slo.ca.us, or visit our website at www.sloplanning.org**

# Septic Verification Form

**San Luis Obispo County Department of Planning and Building**

**County Government Center, San Luis Obispo, California 93408 (805) 781-5600**

1. **Certification of Existing Subsurface Sewage Disposal System.** Date of Inspection_____

_____ _____

(Property Address) (Owner's Name)

_____ _____

(APN number) (Permit number)

2. Show design and location on a scale of 1" =10' to 1" =40' of the sewage disposal system and 100% expansion area in relation to attached dwellings, structures, wells, rocks, watercourses, etc. on required plot plan.

3. a. I examined the existing subsurface sewage disposal system at the above location on (Date) _____date.

And determined that the septic tank capacity is _____gallons. There are _____ bedrooms in the dwelling.

b. There are _____leachline(s), each is _____feet long.

c. There are _____seepage pit(s), each _____feet in diameter and each is _____feet deep.

d. The leach bed is _____feet, by _____feet, total _____square feet of leach bed area.

4. a. Construction of septic tank (please check one of the following):

_____concrete _____fiberglass other _____

b. The tank is in good condition. The inlet and outlet Tees are present, and the baffle is not cracked, broken or displaced

Yes_____ No_____ Comments:_____

_____

5. a. While pumping the tank, did effluent flow back into tank from the absorption system? _____yes _____no

b. Prior to pumping, was the liquid level in the tank above the outlet tee? _____yes _____no

c. Is design of system gravity feed? _____yes _____no

c. Were well(s) observed on this or adjacent property?* _____yes _____no

* If yes, indicate distance of well from: Septic tank, _____Ft. Leachlines,_____ Ft. Seepage Pit, _____Ft.

e. Distance from springs, lakes and natural drainage courses: Septic Tank, _____Ft. Leachlines, _____Ft. Seepage Pits _____ _Ft.

ADDITIONAL COMMENTS_____

_____

6a. _____ It is my opinion that the system appears to be in good working order and can be expexted to function properly with proper maintenance. No repairs are necessary at this time.

6b. _____It is my opinion that the system is not in good working order and will not function properly without the following repairs:

_____

I certify under penalty of perjury that the foregoing is true and correct:

_____

Signature C-42 State License Number Expiration Date

_____

Print Name Name of Pumper Company holding C-42 License

_____

Address Phone Number