



Environmental Health Division • Public Information

County of Ventura • Resource Management Agency • <http://www.ventura.org/rma/envhealth>
800 S. Victoria Ave, Ventura, CA. 93009-1730 • 805 654-2813 • 805 654-2480 Fax

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: _____ gallons
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 _____

PLOT PLAN

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

McKinns/ISDS/Pumping Inspection Report 2 22 08

