



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	<input type="checkbox"/>	<input type="checkbox"/>	inlet tee present	<input type="checkbox"/>	<input type="checkbox"/>
Baffle Wall deteriorated	<input type="checkbox"/>	<input type="checkbox"/>	outlet tee present	<input type="checkbox"/>	<input type="checkbox"/>
Lids are deteriorated	<input type="checkbox"/>	<input type="checkbox"/>	house lateral open	<input type="checkbox"/>	<input type="checkbox"/>
Heavy grease build-up	<input type="checkbox"/>	<input type="checkbox"/>	needs pumping	<input type="checkbox"/>	<input type="checkbox"/>

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

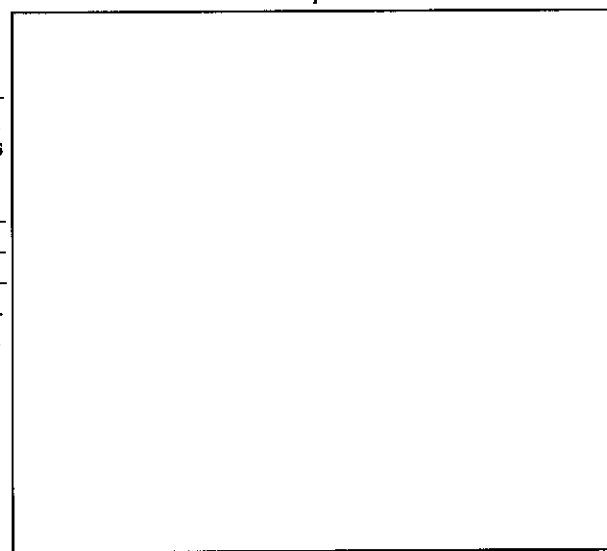
1. _____
2. _____
3. _____

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 expected 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