



Monterey County Environmental Health Bureau
 1270 Natividad Rd
 Salinas, CA 93906

Phone (831) 755-4505
 Fax (831) 796-8680
www.mtyhd.org/EHRS
 Revised 12/2019

SEPTIC TANK PUMPING AND INSPECTION REPORT

PUMPER COMPANY NAME: _____
JOB LOCATION: _____ **APN:** _____
OWNER: _____ **REQUESTED BY:** _____
OWNER PHONE & EMAIL: _____

REASON FOR PUMPING/INSPECTION:
 MAINTENANCE DESTRUCTION SALE INSPECTION SYSTEM FAILURE REPAIR HAULAWAY OTHER _____
 SLUDGE DISPOSAL LOCATION: _____

PROPERTY USE: HOME OTHER _____ **STRUCTURE OCCUPIED?** YES NO

SEPTIC TANK: SIZE _____ GALLONS PUMPED _____ BOTH COMPARTMENTS PUMPED? YES NO
TYPE: REDWOOD _____ CONCRETE _____ POLY _____ FIBERGLASS _____ OTHER _____

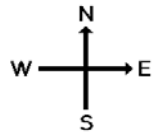
CONDITION OF TANK	ACCEPTABLE	UNACCEPTABLE BUT REPAIRABLE	UNACCEPTABLE	REPAIRS RECOMMENDED
SEPTIC ELLS/TEES/Filter				
TANK TOP AND/OR LIDS				
SIDES/BOTTOM OF TANK				
BAFFLES				

OPERATIONAL LEVEL: HIGH _____ LOW _____ NORMAL _____ **DATE LAST PUMPED:** _____

LEACHING SYSTEM *Please include notes for any 'YES' answers below*
 PRESENT OR PAST HIGH LEVEL IN TANK? YES NO DISPERSAL FIELD WATER TEST? YES NO
 LIQUID FLOWBACK WHILE PUMPING? YES NO
 SIGNS OF SURFACING EFFLUENT? YES NO SEPARATE GREYWATER DISCHARGE? YES NO
 SUBSURFACE ONTO GROUND

OTHER SYSTEM COMPONENTS/NOTES:

SYSTEM LOCATION (SKETCH OR DESCRIBE, WITH MEASURED DIMENSIONS; INCLUDE ANY PERTINENT FEATURES SUCH AS PAVED AREAS, SURFACING EFFLUENT, CREEKS, LARGE TREES, ETC.)



PUMP-OUT / INSPECTION DATE: _____ **INSPECTED BY:** _____

Submit via Email wastewater@co.monterey.ca.us, Fax (831) 796-8680, or mail a hard copy to the address listed above