



SEPTIC TANK PUMPING INSPECTION REPORT

This report is NOT a certification or inspection of the septic tank by the City of Vero Beach Water and Sewer Department. Repair or replacement of any part of the septic tank system must be completed under permit and inspected by the Indian River County Health Department.

Complete Pages 1 and 2, sign, and submit to above address or upload Parcel I.D.: (City will complete) via our website (www.covb.org).

1. Property owner(s) name(s):

2. Property address:

3. Date of pumping:

4. Gallons pumped:

5. Type of on-site disposal:

Septic tank with (check box): Drainfield Mound System Advanced System

Other (explain):

6. Lid Condition: Good Poor Failed

7. Lid Configuration Access Portals No Portals

Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No

Prior to pumping, was the liquid level in the tank below the outlet tee? Yes No

While pumping the tank, did effluent flow back into the septic tank from the absorption system?

Yes No

8. Estimated capacity of septic tank: gallons

9. Internal dimensions of septic tank (in feet): width depth length

10. Construction of septic tank (check one of the following):

Concrete Fiberglass Polyethylene Polypropylene (Infiltrator)

Other (explain):

11. Condition of tank (answer YES or NO for each question):

Inlet tee present? Yes No

Outlet tee present? Yes No

Effluent Filter present? Yes No

Two compartments? Yes No

Tank structure or baffle wall damaged? Yes No

If yes, explain briefly

Tank structure deteriorated? Yes No

If yes: What was original thickness of concrete in inches? and

What was thickness of concrete at time of inspection in inches?

12. Is there an increased probability of system malfunction due to the presence of groundwater during seasonal high water table?

Yes No

13. Is existing septic tank and disposal system functioning in accordance with FAC 64E-6 and F.S. 381?

Yes No

If no, is this septic system a sanitary nuisance? Yes No

14. Show the septic system location on the plot plan (see reverse side).

OSDS PLOT PLAN and Tank Infiltration Test

Show the following:

- 1. All structures
- 2. Septic tank
- 3. Disposal field (if known)
- 4. Street
- 5. Garage and driveway

Additional Comments: _____

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

Septic Tank Contractor (Company Name): _____



Company Licensed Representative: _____

Company Licensed Representative (Signature): _____ Date: _____