



**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 a permit issued by the Indian River County Health Department.*

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

- 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 (Indicates drainfield failure)  No

Prior to pumping, was the liquid level in the tank **below** the outlet tee?  Yes (Indicates tank failure)  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 62-6 FAC and F.S. 381?  
 Yes  No  
 If no, is this septic system a sanitary nuisance?  Yes  No

**Photos required if a sanitary nuisance. Photos MUST include identifier unique to location (ex: include home, street sign, etc. in photos)**

- 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

**Photos required if a sanitary nuisance. Photos MUST include identifier unique to location (ex: include home, street sign, etc. in photos)**

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: \_\_\_\_\_

