

EVALUATION CRITERIA FOR  
PUMPING AND INSPECTING SEPTIC TANKS

This form provides guidance for licensed Systems Cleaners on pumping and conducting an inspection of a septic tank, vault, or dosing / pump tank. Please complete the one page inspection form utilizing the following instructions and inspection criteria. Use a separate FORM 702 inspection page for EACH tank pumped. This form is required for a use permit application and is recommended for all other tank pumping.

**PUMPING and INSPECTION CONDITIONS**

All compartments of multi-compartment tanks must be pumped unless it is not physically possible to do so, such as when the tank lid is under a building, paved over, etc. Simply wishing not to disturb existing landscaping or to avoid the expense of digging up the additional lid is not a valid reason. If this box is checked '**NO**' you must provide the reason this could not be done.

All liquid and sludge must be removed leaving no more than 3" in the tank. Not having enough capacity in the tank truck is not a valid reason to leave more than 3" of sewage in the tank. If this box is checked '**NO**' you must provide the reason this could not be done.

**ESTIMATED CAPACITY of TANK(s)**

Specify estimated capacity of the tank(s) and number of compartments pumped. This capacity number will be reported on the use permit unless the Department has original construction records that indicate a different capacity.

**SEPTIC TANKS**Discharge / leakage?

No evidence of leakage from the tank such as side-wall leaks, concrete staining, pooling over the tank lids, within the riser, etc.: **PASS**. Any other conditions: **FAIL**

Infiltration?

No evidence that groundwater is infiltrating the tank, such as may be observed when the tank is empty: **PASS**. Any other conditions: **FAIL**

Located under building?

Neither tank lid is located under or in a building or structure (not including decks): **NO**. If either lid is located under or in a building or structure, mark **YES**. (This will not in itself be cause to fail the tank).

Low Effluent Level?

If the effluent level is not lower than the outlet invert: **NO**. Otherwise, mark **YES** (NOTE: This will not in itself be cause to fail the tank).

Back Flow After Pumping?

If the pre-pumping wastewater level is not above the outlet T or there is no wastewater back flow from the absorption system into the tank after it is pumped: **NO**. If you observe either of these conditions, mark **YES**. (This will not in itself be cause to fail the tank).

Lids

Tank is equipped with a close-fitting lid(s) of the same materials as the tank or other durable, weather-resistant material, in good condition and repair, with or without handles: **PASS**. Any other condition: **FAIL**

Tank Integrity

Visible portions of the tank interior and exterior in good repair, tank properly backfilled or buried; tank structure not weathered or seriously cracked (such that would allow the intrusion of precipitation), no re-bar visible, caulking in good condition, tank has not settled to significantly alter proper wastewater flow, and no roots should be visible in the tank: **PASS** Any other condition: **FAIL**

Dosing siphon

[Siphon operation need not be verified to pass inspection] Siphon unit is in place and in good repair: **PASS** If the device was not part of the original tank equipment, mark **NP**. Any other condition: **FAIL**

Internal Tees / baffles

Internal sanitary tees or pre-cast baffles (inlet, outlet and middle) present and in good repair: **PASS**. Older tanks that do not have these devices should be marked **NP**. Any other condition: **FAIL**

Effluent Filters / screens

Effluent filter is present, in good repair and cleaned: **PASS**. Older tanks that do not have these devices should be marked **NP**. Any other condition: **FAIL**

**BLACKWATER TANKS / VAULTS** (if not applicable, check NA)

No outlet / connection

No inlet except from the house and no outlet to the tank except via pumping through the lid openings: **PASS**. Any other condition: **FAIL**

High water alarm

Alarm and tank components, if any, are operational and in good repair: **PASS**. If the device was not part of the original equipment, mark **NP** Any other condition: **FAIL**

**TANK REPAIRS**

Mark **YES** if any repairs were made to the tank, including replacing lids, tees or baffles, or patching, caulking or sealing the tank itself. Otherwise, mark **NO**

# JEFFERSON COUNTY PUBLIC HEALTH

FORM  
**702**

## PUMPING AND INSPECTION REPORT FOR SEPTIC TANKS

STREET ADDRESS: \_\_\_\_\_

TANK SERVES\*: \_\_\_\_\_

*\* indicate structure served by the tank, such as primary residence, office, barn, etc.*

SYSTEMS CLEANER \_\_\_\_\_

Unless a section has been checked **NA**, **ALL ITEMS** in that section must be completed. Any item marked **FAIL** means the system cannot qualify for a use permit; correct the deficiency then date and initial the repair prior to submitting. All other **NO / YES** items are for information only and will be so noted on the use permit. **NP** means the component was not originally present or provided with the system. A separate form must be completed for EACH septic tank or vault pumping.

### PUMPING AND INSPECTION

Were all compartments of multi-compartment tanks pumped?  YES  NO

Was all liquid and sludge removed leaving less than 3 inches in tank?  YES  NO

*If any of the above were marked 'NO,' provide an explanation of why it was not possible to do so:*

\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED CAPACITY OF TANK** \_\_\_\_\_ gal, \_\_\_\_\_ compartments

### SEPTIC TANKS

Discharge / leakage?	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	
Infiltration?	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	
Located under building?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Low effluent level?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Back flow after pumping?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Lid(s)	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	
Tank Integrity	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	
Dosing siphon	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	<input type="checkbox"/> NP
Internal Tees / baffles	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	<input type="checkbox"/> NP
Effluent Filters / screens	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	<input type="checkbox"/> NP

### BLACKWATER TANKS / VAULTS NA

No outlet / connection	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	
High water alarm	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> <b>FAIL</b>	<input type="checkbox"/> NP

**WERE TANK REPAIRS MADE?**  YES  NO

\_\_\_\_\_  
Signature of Pumper / Inspector

\_\_\_\_\_  
Pump Date

**NOTE: TO OBTAIN A USE PERMIT THIS REPORT MUST BE FILED WITHIN TWELVE (12) MONTHS OF THE PUMPING DATE SHOWN ABOVE.**