

SEPTAGE PUMPER REPORT



Only domestic household-type waste from Butte County will be accepted at the NRRWF and SC-OR facilities. All wastes must comply with NRRWF and SC-OR resolutions and policies. SC-OR only accepts waste within its sphere of influence. Neither site accepts grease, and may, at random, sample and analyze truck loads as necessary to assure compliance with County, State, and Federal waste discharge limitations.

Contact and System Information

APN #:

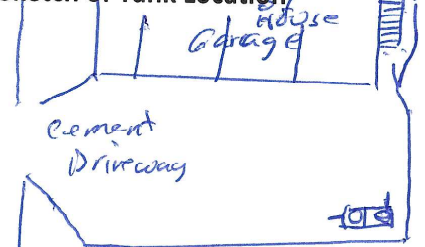
Property Owner Name: _____ Telephone: _____
 Parcel Address: 14950 Eagle ridge Drive, Forest Ranch
 Property Owner Mailing Address: _____ Same as Property Address: ☐
 Residence Currently Occupied? Yes ☒ No ☐ Number of Occupants (if known): _____
 Pump to Gravity Dispersal? Yes ☒ No ☐ Pumping Required? Yes ☐ No ☒ Signal Floats Operational? Yes ☒ No ☐ N/A ☐

Septic Tank Physical Observations

	Concrete	Fiberglass	Poly	Metal	Wood	Good Condition	None Present	Needs Repair or Replacement
Risers:	☒	☐	☐	☐	☐	☒	☐	☐
Dividing Baffle:	☒	☐	☐	☐	☐	☒	☐	☐
Top of Tank (Lid):	☐	☐	☐	☒	☐	☒	☐	☐
Tank:	☒	☐	☐	☐	☐	☒	☐	☐

Septic Tank Lid Depth: _____ inches/feet (circle one) Inlet/Outlet Ts in good condition: Yes ☐ No ☐* None ☐*
 Drainfield Condition: ☐ No problems noted ☐ Backflow into tank* ☐ Surfacing Sewage*
 Date Pumped: _____ Amount pumped: _____ gallons Tank Size: _____ gallons

Sketch of Tank Location



Septic Tank Operational Observations

Scum
 Inlet: 0.2 Inches Outlet: 2 Inches
 Sludge
 Inlet: 10 Inches Outlet: 2 Inches
 Effluent Level Before Pumping: ☒ Normal ☐ Higher than tank outlet* ☐ Lower than tank outlet*
 Sewage Surfacing (incl. graywater): ☐ No ☐ Yes*
 * = Follow-Up Needed

Customer or Authorized Representative (Certified Pumper)

I certify under penalty of perjury that I am the above named customer (or authorized representative) and the material being pumped does not contain hazardous substances as defined by the California Penal Code 374.8.

Signature _____ Print Name _____ Date _____
☒ Pumper Sign-Off on Behalf of Property Owner or Authorized Representative

Septage Pumper Certificate

If hauling to SC-OR, septage pt. **THRIFTY ROOTER SERVICE & PLUMBING CO.**
226 MEYER STREET CHICO, CA 95928

Company Name: _____ #5222277, 3000 GAL Capacity: _____ gal

I certify under penalty of perjury the information in this report is correct to the best of my knowledge and that the truck does not contain hazardous substances as defined by the California Health and Safety Code 25141(b) or other materials which are deleterious to the ponds or waste treatment plants. No claim is made by this company, either expressed or implied, concerning success or failure of the septic system.

Signature Adalberto Correa Print Name Adalberto Correa Date 9/15/16

Additional Information for Escrow Evaluations Only

Escrow Company Name: _____ Telephone: _____
 Escrow Officer: _____ Escrow #: _____
 Inspection Requested by: _____ Telephone: _____

Water Service: Community ☐ Private Well ☒ Hydraulic Load Test Performed: Yes ☒ No ☐ Water Introduced: 150 Gallons
 Effluent Pump & Controls Functional Yes ☒ No ☐ (Note: 150 gal. minimum recommended)
 Alarms Functional Yes ☒ No ☐
 Effluent Line Diverter Valve Present Yes ☐ No ☐ Level Stabilized Below Outlet: Yes ☒ No ☐
 Vegetation Growth Over Field(s) _____ inches Distance from Surface Water/Seasonal Drainage (circle one): _____ Feet

Evaluation Summary: ☒ Pass ☐ Fail* Comments: No problems noted at time of inspection Tank has a pump system

* = Follow-Up Needed