Waples Construction Septic Service

P.O.Box 447 Ramona 92065

760-644-0815

SEPTIC TANK INSPECTION WORKSHEET

Date: 7/27/2026
Name (Customer or Firm):
Job Address: 20899 Black Canyon Rd Ramona CA 92065
Telephone:

1. Made of: [ ] Concrete [X] Fiberglass [ ] Plastic Other _____
2. Full access: 2 foot ft deep
3. # of comp: 2 # of lids: 2 Condition of lids: Ok
4. Liquid level before test: Normal operating level
5. Length of test (minimum of 20 minutes) 40 minute water test
6. Liquid Level after test Normal Operating level
7. Walked suspected leaching area yes
8. Does the tank appear to be located per present code? [x] YES [ ] NO
9. Excessive sludge in last compartment [ ] YES [X] NO
10. Baffle Condition ok.
11. Inlet ok Outlet ok
12. Approx. capacity in gallons 1200 gallon septic tank.
13. Previous pump date unkown.
14. Any evidence of previous back-up? [ ] YES (X] NO
15. Constant water flow from house: [ ] YES [x] NO
16. Comments: The septic system functions normally.

NOTE: *Much of the information compiled in this report is obtained verbally from the owner or agent. We cannot guarantee its accuracy. This form is standard within the industry in San Diego County. Most all questions are asked in effort to determine the viability of the system. However, the determination is based only upon what we found this day which could change dramatically in as little as a few days, depending on its use. We offer no guarantee of future performance.*

INSPECTOR Todd Waples CUSTOMER _____
DATE_____

INVOICE WILL FOLLOW