Septic Tank Pumping Report



County of Santa Cruz

Health Services Agency * Environmental Health



THE HONEY BUCKET MAN

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	Jok	o Info	
Service/Inspection Date: 11-14-2023			APN:
Job Address:			
System No: 1	Last Pumped Date: 4-1-2022		Pump Reason/Inspection: Sale Inspection
Requestor Name: John	Requestor/Owner Email:		
Owner Name: John	Owner Address:		
Property Use: Residential			Is Property Occupied: Yes
Tank Info			
Tank Material: Concrete	Tank Size: 1500		Tank Depth: 36
System Type: Conventional System Number: 1		1	Tank Usage: Septic
allons Pumped: 1500 Both Compartments Pumped: Yes			
Condition Septic Ells/Tees: Repair Recommen Acceptable		nded:	Repair Completed:No
Condition Tank: Acceptable Repair Recom		nded:	Repair Completed:No
Condition Tank Top and/or Lids: Repair Recon		nded:	Repair Completed:No
Condition Tank Sides/Bottom: Repair Re Acceptable		nded:	Repair Completed:No
Condition Baffles: Acceptable Repair Recomm		nded:	Repair Completed:No
Operational Level: Normal Sludge Disposal Location: Santa Cruz		Treatment Plant	
	Leachin	ıg System	
Risers Present: No	Present: No		Risers Water Level:
Ran Flow Test: Yes	Flow Test Duration: 30		Flow Meter Reading: 250
iquid Flowback while Pumping: No Signs of Surfacing Effluent: No		Effluent Location Discharge:	
Separate Greywater Discharge: No			Discharge Location:
Leach System Component Notes: No issues to report.			
Location Information			
Tank Location Water Sc	urce Location	Leach Field Begin	Leach Field End
Lat:		Lat:	Lat:
Long:		Long:	Long:

System Location Description: Per Drawing