Rensen2002@yahoo.

SLO SEPTIC PUMPING
CSLB 938768 • C-36
(805) 800-8931
rexspringer1968@gmail.com
858 Primrose Ln., Nipomo, CA 93444

Call Us For Your Plumbing Repairs 24/7

Realtors Agent- Cheryl Burcher 235.7197.

SEPTIC / JETTING / PLUMBING 24/7

7360

BILL TO Annie James.	PURCHASE ORDER #	Technician JUSTIN
NAME	NAME	
ADDRESS 1485 pomeroy Nipomo	ADDRESS	**TERMS DUE UPON COMPLETION**
PHONE	PHONE	
SERVICE AND REPAIR CONTRACT	START DATE 10-4-2026.	**WARRANTY** 1 YEAR PARTS AND LABOR
	COMPLETION DATE 10-6-2026	

DESCRIPTION OF WORK	PARTS/ MATERIALS	QTY	COST
Locate, dig, Flow Test X2 Tanks, Inspection			
1 One tank on property, located 3.5ft deep			
2 Dug up & exposed both sides of tank, tank in good shape			350.00
3 Pumped 1,050 gal from 1,500 gal tank			800.00
4 Drain field working. Passed flow test			
5 Heavy compaction on solid side			
6. minor rot on liquid side of tank exit wall.			
7. Report			400.00

YOU'LL BE GLAD YOU CALLED US FIRST!
JOHN 3:16

(SEPTIC TANK) (SEWER) (WATER) (GAS) MAP • (N)

SEPTAGE			800.00
TANK TYPE	conc.	DEPTH	3.5ft
NUMBER OF LIDS	2		
RISERS #S	NO		
SEPTAGE DUMP	COST AT PLANT		Inc.
JETTER / SNAKE			
CAMERA / LOCATE			
HAZARDOUS WASTE			
EQUIPMENT			
DUMP FEES			
PERMIT(S)			400.00
TOILET TYPE			
WATER HEATER TYPE			
MATERIAL			
PLUMBER(S) HRS			350.00
TOTAL	$1,550.00		

CHECK LIST

TOILET - FLUSH VALVE, A-STOP, FLAPPER

DISPOSAL - AGE NONE

KITCHEN FAUCET - A-STOPS, SUPPLIES, PIPING

BATH - LAV, FAUCET, A-STOPS, POP UP, SHOWER TUB VALVE

HAIR SCREEN, TUB STOPPER

HOUSE SHUT OFF LOCATION
❑ FRONT ❑ SIDE ❑ BACK

COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING

Septic Tank Inspection Report

BLD-1030
04/30/2018

Property Information

Date of Service / Maintenance: 10-6-26	APN#
Owner's Name: Annie James	Phone #: 235-7197
Address of Inspection: 1485 Pomeroy RD Arroyo Grande	
Number of Bedrooms 3	Year Septic System Built: 2003

Septic System Information

☐ Septic Tank with leach field	☒ Septic tank with seepage pit(s)	☐ Septic tank with pump	☐ Other *(describe)*	
Tank capacity (gallons): 1,500		Number of compartments: 2		
Number of access lids: 2	Access lid diameter: 24in	Depth to access lids: 3.5ft	Access risers present? ☒ No ☐ Yes	Tank filter present? ☒ No ☐ Yes
Septic Tank Construction	☒ Rectangular	☐ Round	☐ Other shape:	
☒ Concrete	☐ Fiberglass	☐ Plastic	☐ Brick	☐ Other material:
Septic Tank Condition: good	Lids deteriorated: ☒ No ☐ Yes	Baffle wall deteriorated: ☒ No ☐ Yes		
Tank deteriorated: ☒ No ☐ Yes	Inlet tee present: ☐ No ☒ Yes	Outlet tee present: ☐ No ☒ Yes		
House lateral open: ☐ No ☒ Yes	Tank filter clean: ☒ No ☐ Yes none	Requires pumping ☐ No ☒ Yes		
Riser lids seal properly: ☐ No ☒ Yes	Heavy grease build up: ☒ No ☐ Yes	Concrete thickness at lids: 4in Method of measurement: Tape		
Overall System Condition: good	Prior to pumping was effluent above the outflow tee? ☒ No ☐ Yes			
While pumping did effluent re-enter tank from leach system? ☒ No ☐ Yes *(may indicate system failure)*				
Signs of surfacing effluent observed? ☒ No ☐ Yes Location:				
Any signs of past drainage problems? ☒ No ☐ Yes Location:				
System appears to be functioning satisfactorily? ☐ No ☒ Yes				
Septage Removal: pump	Volume pumped (gallons): 1,050			
Disposal date: 10-6-26	Septage disposal location: ☐ Paso Robles ☒ Santa Maria ☐ Other *(describe)*			

BLD-1030
04/30/2018

Septic Tank Inspection Report

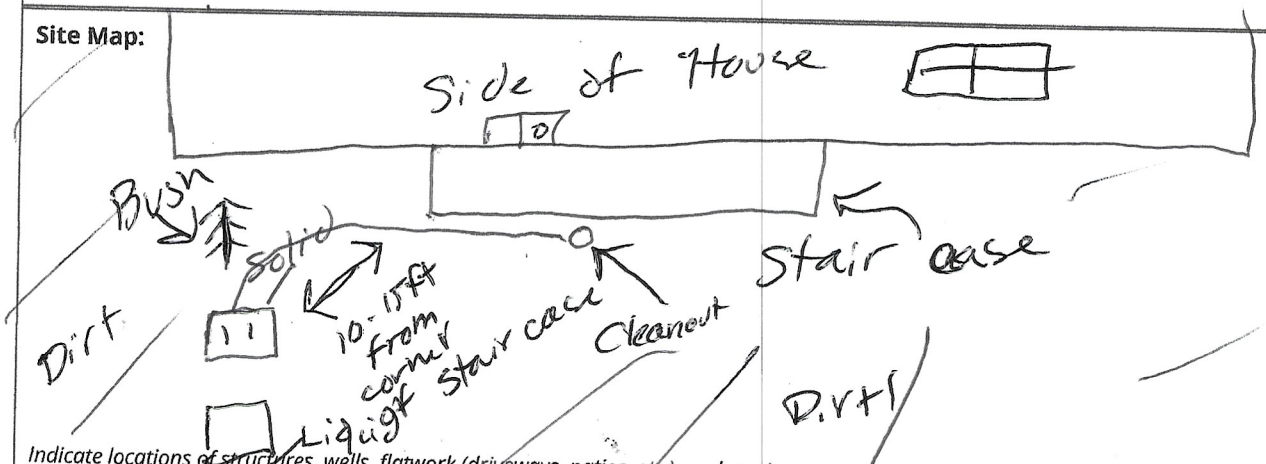
Date of Service / Maintenance: 10-6-20	APN#

Summary of Maintenance performed: pumped, cleaned, Inspected

Repairs or upgrades required: ☒ ~~No~~ ☐ Yes *(If yes, summarize below)*

Comments or Recommendations: none

Site Map:



Indicate locations of structures, wells, flatwork (driveways, patios, etc.), and pertinent natural features (creeks, large trees) in the vicinity of the system.

Inspector Information	Name of company performing inspection: SLO Septic	
License Number:	☐ C-42 Number: C-36	☐ NAWT Number:
Inspector Name:	Justin S	☐ Other qualification *(describe)*

The useful life of any septic system is determined by numerous factors, including but not limited to: soil characteristics, water usage and proper maintenance. This inspection report is based on observations by the inspector and information provided by the system owner. It is not a guarantee of system adequacy.

Signature of qualified Inspector	Date 10-6-20	Phone number: 929-2278

Return one copy of this completed form to:
County Department of Planning & Building, Attn: Septic Program
976 Osos St. Room 300, San Luis Obispo, CA 93408
For questions about septic repair or maintenance visit our website at:
http://www.slocounty.ca.gov/Departments/Planning-Building/Building.aspx

BLD-1019
10/26/2017

Existing Septic System Verification Form

Certification of Existing Subsurface Sewage Disposal System	Date of Inspection: 10-6-26
APN Number:	Permit Number:
Property Address: 1485 Pomeroy RD	Owner's Name: Annie James

I, SLO Septic, examined the existing subsurface sewage disposal system at the above location on the date noted above and determined that the septic tank capacity is _____ gallons.

There are 3 bedrooms in the dwelling.

There are ~~4~~ 4 leach lines, each leach line is _____ feet long.

There are 1 seepage pits, each 20 feet in diameter and 15 feet deep.

The leach bed is _____ feet by _____ feet, totaling _____ square feet of leach bed area.

The septic tank is constructed (choose one): X concrete ___ fiberglass _____ other (please specify)

The septic tank is in good condition. The inlet and outlet tees are present, and the baffle is not cracked, broken, or displaced. (Please verify and comment below): X YES ___ NO

Comments: _____

While pumping the tank, did effluent flow back into the tank from the absorption system? ___ YES X NO

Prior to pumping, was the liquid level in the tank above the outlet tee? ___ YES X NO

Is the system design gravity feed? X YES ___ NO

Are there wells located on the adjacent property? X YES* ___ NO

* Indicate distance of the well(s) from: Septic Tank 100' ft. , Leach lines 100' ft. , Seepage Pit 100' ft.

Indicate distances from springs, lakes, and other natural drainage course for the following:

Septic Tank ____ ft. Leach lines ____ ft. Seepage Pits ____ ft.

Additional Comments: _____

Initial: ___ It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.

Initial: _____ It is my opinion that the system is not in good working order and will not function properly without the following repairs: _____

I certify under penalty of perjury that the foregoing is true and correct:

Signature | C-36 C-42 State License Number | 1-27 Expiration Date

SLO Septic pumping
Name of Company holding C-42 License (Sanitation System Contractor)

858 Primrose ln Nipomo CA 929-2278
Address | Phone Number