Waples Construction Septic Service

P.O.Box 447 Ramona 92065

760-789-5791

SEPTIC TANK INSPECTION WORKSHEET

Date: _____9/10/2025_____
Name (Customer or Firm):___Sharon Quisenberry_____
Job Address: ____2165 Lilac Rd Ramona CA_____
Telephone: _____

1. Made of: [ ] Concrete [ ] Fiberglass [ ] Plastic Other _____
2. Full access:____yes, 1 1/2 feet deep____
3. # of comp:___2_____ # of lids:__2_____ Condition of lids:_____ok_____
4. Liquid level before test:___normal outlet level_____
5. Length of test (minimum of 20 minutes) ____30 minutes_____
6. Liquid Level after test_____normal outlet 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 [X] YES [ ] NO
10. Baffle Condition_____ok____
11. Inlet_____ok_____ Outlet_____ok_____
12. Approx. capacity in gallons___1000 gallon_____
13. Previous pump date_____unknown_____
14. Any evidence of previous back-up? [ ] YES [X] NO
15. Constant water flow from house: [ ] YES [x] NO
16. Comments:_____**The septic system is functioning normally.**_
17. **This is a pump lift system. Septic effluent is pumped to a higher location east of the house. There is a high water level alarm. If this alarm sounds call for service. There would be approximately 24 hours of use before the system backs up.**

MAP

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