



City of Malibu

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SEPTAGE PUMPING REPORT

All residuals removed from any septic tank, grease receptor, distribution box, dispersal area, seepage pit, or the removal of any other accumulation of sewage must be recorded on this form and provided to the City on or before the 15th of the following month.

Date: _____
Site Address: _____ APN: _____
Date of Pumping: _____ Date of Last Pumping: _____
Pumping Company Name: _____ Pumper Registration Number: _____
Vehicle License Number: _____ Health Department Number: _____
Residential Duplex Commercial Multifamily Restaurant

System Status:

Observed effluent surfacing and/or ponding present Yes No

Septic Tank Status:

Tank Size _____ Gallons Gallons Pumped _____
Tank Watertight Yes No Water Level Prior To Pump Normal Above Below Overflowing
Tank Material Concrete Fiberglass Plastic Other _____
Number of Compartments Single Double Other _____
Tank Access: Diameter _____ inches Access to Grade Yes No Buried Depth _____ inches
Condition of Riser Intact & Watertight Damaged Not Present
Condition of Riser Lids Intact & Watertight Damaged Not Present
Condition of Inlet Tee Intact Damaged Not Present
Effluent Filter Yes No Cleaned Filter Yes No
Condition of Outlet Tee Intact Damaged Not Present
Condition of Baffle Intact Damaged Not Present
Effluent Level at Invert of Outlet Tee At Above Below
Did Effluent Flow Back into Tank after Pumping Yes No

	Scum Depth (inches)	Clear Zone (inches)	Sludge Depth (inches)
Compartment #1			
Compartment #2			
Pump Chamber			

Effluent Dispersal Area Status:

Pits Pumped Yes No Number of Pits Pumped: _____ Pits Overflowing Yes No
Leechfield Pumped Yes No Leechfield Ponding or Surfacing Yes No

Septage Disposal Site: _____

Pumper Signature: _____ Date: _____
Company Name: _____ Registration No: _____

Findings and determinations of this inspection reflect conditions as they existed on the day the septic tank was pumped. No claim is made by this company, either expressed or implied, concerning success or failure of the Onsite Wastewater Treatment System.