



Septic/Cistern Consumer & Inspector Checklist

Valencia Pipe Company
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Consumer Name:			
Consumer Address:			
City		State	Zip
Consumer Telephone Number:			
Consumer email address:			
Installation Address: (if different from above)			
City		State	Zip
Did the consumer present evidence of a permit?	Y	N	
Permit #:			
Issuing State and County:			
Tank Manufacturer:	Valencia Pipe Company		
Tank Type:	1 compartment septic	2 compartment septic	White cistern tank
Color:			
Capacity (gallons):			
Installer:	Consumer	Other (name, contact info)	
Was a site inspection done by a qualified installer or geologist?	Y	N	
Was a report submitted?	Y	N	
Residence # of bedrooms?			
Number of people normally residing in the house:			
Is the tank installation in an area that is not likely to be driven over?	Y	N	

Over

TANK INSTALLTION CHECKLIST

(Inspector Use Only)

Was at least 18-24" extra excavation provided for proper placement?	Yes	No	N/A
Is there at least 6" of compacted sand, smooth pea gravel, or native soil with rocks larger than 1/2" removed provided as a foundation (12" for rocky native soil)?	Yes	No	N/A
Is the tank level?	Yes	No	N/A
Were all roots removed?	Yes	No	N/A
Is the tank orientation correct with the inlet side facing the building and the outlet side facing the drain field?	Yes	No	N/A
What is the anticipated amount of top cover upon final installation?	6-12"	12-18"	18-30"
Is the tank at an acceptable depth and not exceeding 30" from the top of the tank to the surface grade?	Yes	No	N/A
Does it appear that compacted soil has been adequately placed in the ribs of the septic tank?	Yes	No	N/A
Are risers (manhole extensions) being used?	Yes	No	N/A
If so, are they installed correctly and are watertight?	Yes	No	N/A
Are the inlet and outlet tees installed correctly?	Yes	No	N/A
Are the inlet and outlet tees placed below the manhole openings for downstream access and maintenance?	Yes	No	N/A
Is an effluent filter being used on the outlet side?	Yes	No	N/A
If so, is it installed correctly?	Yes	No	N/A
Are inlet and outlet lines installed correctly and securely?	Yes	No	N/A
Are buoyancy control measures necessary given the water table of the installation?	Yes	No	N/A
If "yes" method of restraint used:	Block and Strap	Restraint Collar	Heliac Restraint
Can the installer / consumer complete their installation?	Yes	No	
Inspector Name		Inspector Signature	
Date:			