

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SEPTIC TANK MANUFACTURE,  
SEPTIC TANK SERVICE AND TEMPORARY PRIVY SERVICE INSPECTION REPORT

Authority:  
Chapter 381, 386, 387, FS.  
Chapter 64E-6,FAC

Name of Establishment \_\_\_\_\_ Telephone Number \_\_\_\_\_

Location \_\_\_\_\_

Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

Purpose of Inspection:     Permit             Routine             Re-check             Disposal  
                                   Temporary         Installation         Manufacture         Other  
                                  Toilet Service

Note: Items marked "X" are unsatisfactory and require correction within 72 hours unless specified otherwise under Comments and Instructions.

**OFFICE, VEHICLE / EQUIPMENT  
STORAGE & CONSTRUCTION YARD**

1. Required Permit	
2. Water Supply	
3. Waste Disposal	
4. Toilet Fixtures	
5. Handwashing Fixtures	
6. Clean & Nuisance Free	

**TANK TRUCK(S)**

14. Dual Compartments	
15. Suction Adequate	
16. Stand-by Service	
17. Tank Cleaned, Disinfected	
18. Leakage, Nuisance Free	

28. Backfill	
29. Tank Size, Construction	
30. Drainfield Size, Construction	
31. Drain Tile	
32. Filter Material	
33. Distance and/or Location	

**DISPOSAL METHOD & SITE**

19. Incineration	
20. Sanitary Landfill, Burial	
21. Sewage Treatment Facility	
22. Vermin Control	
23. Odor Control	
24. Pollution Control	

**SEPTIC TANK MANUFACTURE**

34. Shape, Size, Construction	
35. Material Mixture & Composition	
36. Strengths	
37. Watertight	
38. Thickness	
39. Reinforcements	
40. Manholes or Openings	
41. Inlets and Outlets	
42. Resins and Sealants	
43. Freeboard Space	
44. Other	

**TEMPORARY PRIVY**

7. Self Contained	
8. Insect Control	
9. Waste Receptacle	
10. Cleanable Surface	
11. Adequate Fixtures	
12. Supplies	
13. Service to Privies Adequate	

**SEPTIC TANK INSTALLATION  
PUMP OUT AND/OR REPAIR**

25. Workmanship	
26. Area Clean & Nuisance Free	
27. Lid	

ITEM	COMMENTS AND INSTRUCTIONS

Copy of Inspection Report Received by \_\_\_\_\_  
 Date of Inspection \_\_\_\_\_ Time \_\_\_\_\_  
 Sanitarian \_\_\_\_\_ County Health Department \_\_\_\_\_