

ON-LOT SEWAGE DISPOSAL SYSTEM (OLDS) INSPECTION REPORT

DATE _____

Inspection Performed By

Name: _____ Mailing Address: _____
Telephone#: _____ City, State, Zip: _____

Responsible Agent (if different)

Name: _____ Mailing Address: _____
Telephone#: _____ City, State, Zip: _____

Property

Tax Parcel # _____ Type of Structure _____ Single Family Dwelling
Subdivision _____ Duplex
City, State, Zip _____ Multi-Family
Location: _____ Community
Commercial

Age of Structure _____ # of Bedrooms _____ # of Residents _____

Occupied: Yes _____ No _____

Length of Vacancy: _____ Weeks _____ Months

Permit / System

Permit Available _____ Yes _____ No _____ Permit # _____
Copy Attached _____ Yes _____ No _____ Age of System: _____

System Type: _____ Standard Trench _____ IRSIS
_____ Standard Bed _____ Drip Disposal
_____ Elevated Sand Mound _____ At-Grade
_____ Elevated Sand Trench _____ Drip Micromound
_____ A/B System _____ Seepage Bed
_____ Seasonal Holding Tank _____ Holding Tank
_____ Cesspool _____ Other: _____

General Information

Tank Pumping Data _____ **Repairs** _____
Last Pump Out Date: _____ Repairs to the System: _____ Yes _____ No
Pumping Frequency: _____ Was repair permit _____ Yes _____ No
issued?

Details: _____

Water Supply

_____ Public Water _____ On-Site Well
_____ Distance Well to Septic Tank (ft) _____ Distance Well to Absorption Area (ft)

Is there a water softener discharging into the systems? _____ Yes _____ No
Does grey water discharge somewhere other than the septic system? _____ Yes _____ No
If Yes, Location: _____

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Inspection Data

** No Inspection should take place within 4 weeks of system being pumped/cleaned.

Date: _____ Recent Heavy Precipitation: _____ Yes _____ No

Site Condition: _____ Dry _____ Wet
 Weather: _____ Sunny _____ Cloudy _____ Rain _____ Snow

** No Inspection should take place if the ground is covered with snow.

Is there evidence that sewage has backed up into the structure? _____ YES _____ NO
 Do trees or tree roots appear to interfere with the system? _____ YES _____ NO
 Is there evidence or documentation of wastewater surfacing? _____ YES _____ NO
 Is any portion of the system below a deck, driveway, walkway, etc? _____ YES _____ NO

Treatment Tank(s)

| | | | | | |
|-----------------------|-----------------------|-------------------------|-------|----------------------|-----------|
| _____ Septic Tank | Capacity (gal)* _____ | # of Compartments _____ | | | |
| | Material ** _____ | | | | |
| _____ Cesspool | Capacity (gal)* _____ | # of Compartments _____ | | | |
| | Material ** _____ | | | | |
| _____ Other | Capacity (gal)* _____ | # of Compartments _____ | | | |
| | Material ** _____ | | | | |
| | OK | NOT OK | N/A | OK | NOT OK |
| Tank | _____ | _____ | _____ | Liquid Level In Tank | _____ |
| Lid/Risers (if appl.) | _____ | _____ | _____ | Effluent Filter | _____ |
| Baffles | _____ | _____ | _____ | | _____ |

Holding Tanks

| | | |
|--------------------|----------------------|--|
| _____ Seasonal Use | Capacity (gal) _____ | |
| | Material _____ | |
| _____ Permanent | Capacity (gal) _____ | |
| | Material _____ | |

Frequency of Pumping: _____

Date of Last Pumping Event: _____

Distribution System

Does effluent from the absorption area run back into the treatment tank? _____ Yes _____ No _____ N/A
 Evidence of effluent surfacing above the treatment tank(s)? _____ Yes _____ No
 Evidence of any overflow lines? _____ Yes _____ No

Pump Tank

| | | |
|-----------------|-------------------|-----------------------------------|
| _____ Lift Tank | _____ Dosing Tank | Gallons: _____ |
| | | Material: _____ |
| | | Dimensions: _____ x _____ x _____ |

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Sketch of On-Lot Sewage Disposal System Location

North Arrow

I hereby certify that the information provided on this report is complete and accurate.

Name: _____
Signature: _____
Date: _____