

ON-LOT SEWAGE DISPOSAL SYSTEM (OLDS) INSPECTION REPORT

(To Be Completed by Property Owner or Authorized Representative)

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

Last Pump Out Date: _____
Pumping Frequency: _____

Repairs

Repairs to the System: _____ Yes _____ No
Was repair permit _____ Yes _____ No
issued?

Details: _____

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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: _____

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)

<input type="checkbox"/> Septic Tank	Capacity (gal)* _____	# of Compartments _____
	Material ** _____	
<input type="checkbox"/> Cesspool	Capacity (gal)* _____	# of Compartments _____
	Material ** _____	
<input type="checkbox"/> Other	Capacity (gal)* _____	# of Compartments _____
	Material ** _____	

	OK	NOT OK	N/A		OK	NOT OK	N/A
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: _____

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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: _____