

**UPPER MAKEFIELD TOWNSHIP
ON-LOT SEWAGE DISPOSAL SYSTEM (OLDS) MANAGEMENT PROGRAM
PROPERTY OWNER INSPECTION REPORT**

All sections of this form are to be completed and submitted to the Township annually by either the property owner or their agent no later than June 15th.

Inspector Identification **Date:** _____

Inspection Performed By

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

Responsible Agent (if different than above)

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

Property Information

Tax Parcel #: _____ Type of Structure: _____ Single Family Dwelling _____ Duplex
Address: _____ _____ Multi-Family _____ Community
City, State, Zip: _____ _____ Commercial
Year Structure was Built _____ # of Bedrooms _____ # of Occupants _____
Is the property vacant? Yes _____ No _____ If yes, how long? _____ Weeks _____ Months

Water Supply:

Public Water _____ On-Site Well _____ (Check One)

General OLDS Information

Permit #: _____ Age of OLDS: _____
(please attach a copy of the permit if available)
Last septic tank pump out date: _____ Frequency of septic tank pumping: _____
Do you have a water softener? Yes _____ No _____
Do you have a dedicated holding tank? Yes _____ No _____
If yes, complete the following: Seasonal _____ Permanent _____
Frequency of Pumping _____ Date of Last Pump Out: _____

Property Owner OLDS Inspection Summary

*Please examine the areas on your property where OLDS system components are located and answer the following questions. OLDS Inspections should be performed during March, April or May. Please note that **no inspection should take place within 4 weeks of the system being pumped/cleaned or if the ground is covered with snow.***

Inspection Date: _____ Recent Heavy Precipitation: Yes _____ No _____
Site Conditions: Dry _____ Wet _____ Weather: Sunny _____ Cloudy _____ Rain _____ Snow _____
Do you notice any odors? Yes _____ No _____
Are there wet or soggy areas near the system or site? Yes _____ No _____
Is there abundant grass growth near the system or site? Yes _____ No _____
Is there evidence that sewage has backed up into the building? 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 _____
Supplemental Comments: _____

Additional Questions

Over the past year, have you had your on-lot disposal system inspected or serviced? Yes _____ No _____
If yes, please attach the results and any recommendations.
Over the past year, have there been any repairs made to your on-lot disposal system? Yes _____ No _____
If yes, attach repair documentation and any new permit information.
Over the past year, have you made any improvements to the house/structure or repairs to plumbing system? Yes _____ No _____
If yes, please attach repair information.

Signature Certification

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

Name: _____

Signature: _____

Date: _____