

**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 by the end of June.

**Inspector Identification**

Date: \_\_\_\_\_

**Inspection Performed By**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Responsible Agent (if different than above)**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Save first, then email completed form to [codeoffice@uppermakefield.org](mailto:codeoffice@uppermakefield.org)\***