

On-Site Sewage System Inspection Report



Property Information

Address: _____ County: _____
PID: _____
Property Size: _____

Current Owner Information

Name: _____
Mailing Address: _____

Inspector Information

Inspector Name: _____
Designation: Qualified Person Level I
 Qualified Person Level II
 Installer
 Cleaner
Certification Number: _____
Company Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

Site and Usage Information

Number of Bedrooms or Daily Flow: _____
Water Supply:
 Drilled Well
 Dug Well
 Municipal
Other _____
Distance from Well to Tank _____ Unknown Not Applicable
Distance From Well to System _____ Unknown Not Applicable
Occupancy/Use:
 Full Time
 Seasonal/Part Time
 Intermittent
 Vacant
 Unknown

Water Softener Yes NO
 Garbage Grinder Yes NO
 Septic Installation Records Available Yes No
 Repairs or alterations to the system since original installation Yes No Unknown
 Is system currently being serviced by a maintenance contract Yes No Unknown
 Previous backups Yes No

Visual Inspection

Tank present Yes
 Tank uncovered Yes No Number of access openings _____
 Depth of tank below ground surface _____mm
 Tank constructed of: Cement
 Plastic
 Fiberglass
 Other _____

Number of compartments in tank One Two Other

Estimated Tank capacity _____

Condition of Tank _____

Tank appears water tight Yes No

Inlet Baffle/Tee present Yes No

Outlet Tee present Yes No

Filter present Yes No Filter serviced during inspection

Liquid level before pumping Normal Below Normal Above Normal
 Could not be determined

Scum/Grease level before pumping Normal Below Normal Above Normal
 Could not be determined

Sludge level before pumping Normal Below Normal Above Normal
 Could not be determined

Date of last pumping ____/____/____ Unknown

Tank pumped during Inspection Yes No (if no, why?) _____

Liquid flowing back into tank from bed during pumping Yes No

Repairs Completed Yes No
 (if yes, describe) _____

Pump/Dosing Chamber Present Yes No (if yes) Tested Yes No

Alarm Present Yes No (if yes) Tested Yes No

Disposal Field present Yes No

Disposal Field:
 Contour Sloping Sand Filter
 Area Bed Peat
 Mound Cesspool
 Multiple Trench Unknown/other _____

Estimated Size _____

Obvious problems with Disposal Field Yes No
(if yes, explain) _____

Sketch



Hydraulic loading test performed? Yes No
(If Yes) Loading: _____ liters per minute X _____ minutes

Video Inspection performed? Yes No

Location for replacement system on property (if necessary) Yes No Undetermined

Comments:

I have completed this report of Inspection to the best of my knowledge, and have based the information contained in this form on observations and work performed at the time of inspection. However this report does not guarantee any future performance of this facility in any way.

Inspectors Signature _____ Date of Inspection: _____