

INSPECTION REPORT - PRIVATE SEWAGE SYSTEM

T # _____
 Match # _____

County Sanitary Permit # _____ (if installed after 1973, site plan should be on file with County Planning & Resources Department).

Property Owner _____

Owner's *Mailing* Address: _____

Property Location: Town _____, Section _____, _____ 1/4 _____ 1/4

Property Address: _____

Building Usage (if residential, number of bedrooms) _____

Number of Occupants (if vacant, please indicate) _____

Report Requested By: _____

Mailing Address: _____

Reason For Report: _____

SEPTIC/HOLDING TANK(S) REPORT

Minimum 30 minute saturation test. If system incorporates a pump/dose chamber, pump should cycle at least once. Please indicate below what was done for saturation test.

	TANK #1	TANK #2
Date Pumped	_____	_____
Size of Tank	_____	_____
Material	_____	_____
Condition of Baffles		
Inlet	_____	_____
Outlet	_____	_____
Baffle Material	_____	_____
Setbacks...		
from Residence	_____	_____
from Well	_____	_____
Saturation Test	Yes _____ No _____	
Liquid Fluctuation	_____ Inches	_____ Inches

Was backflow observed after pumping tank(s)? Yes _____ No _____

Estimated age: Installed Prior to 1973 _____ Installed After 1973 _____

Is all domestic wastewater entering septic tank? Yes _____ No _____

[If no, explain and include any comments on the septic/holding tank(s).]

DOSE/PUMP CHAMBER REPORT

Date Pumped _____ Amount Pumped (approximate) _____ gallons

Tank Size _____ gallons Material _____

Locking Cover _____ Yes _____ No

Electrical Connections _____ Inside Riser _____ Outside Riser

Dose/Pump Chamber Comments (condition of risers, manhole covers, pump floats, etc.) _____

SOIL ABSORPTION SYSTEM REPORT

Date observed _____

Type of System: Conventional: Bed _____ Trench _____ Dose _____ Gravity _____
In-Ground Pressure _____ Field Tile _____
Mound _____ Outfall _____
At-Grade _____ Unknown _____
Dry Well _____ Other _____ (explain in "Comments")

Vent or Observation Well(s) present? _____ Yes (indicate location in drawing) _____ No

(If Yes, indicate type of vent: _____ 90° Elbow _____ Tee _____ D-Box

Number of Wells _____ Material _____)

Liquid in vent/observation well(s) **before** saturation test? _____ Yes _____ No _____ Inches

Liquid in vent/observation well(s) **after** saturation test? _____ Yes _____ No _____ Inches

Location: _____ Feet from Residence _____ Feet from Property Line

_____ Feet from Well

Estimated Size _____

Depth to Distribution Pipes _____ Inches

Was a Soil Evaluation Report completed by a Certified Soil Tester as part of this inspection? _____ Yes _____ No

Absorption System Comments _____

Below, please provide a drawing indicating North, location of septic system [tank(s), vent(s), mound, observation well(s), etc.] in relation to structures, well, property lines, etc., and any problem areas (i.e., outfall, sogginess, etc.).

This interpretation does not represent or warrant the present or future working condition of the subject system. This report shall not create liability on the part of or be a cause of action against _____ or any employee thereof for any sale, purchase, investment, interest suit, or any action whatsoever that may result from reliance on this report.

Date

Licensed Pumper/Plumber's Signature & License Number

NOTE: A photocopy or FAX of this document is not acceptable. The thoroughly completed report with original signatures is required by the Department.