

On-Site Septic System Inspection Report

You must complete all items on this form. Any items that do not apply, mark as NA.

Primary Contact Name:

Primary Contact Phone:

Primary Contact Email:

Property Owner Name:

Business Name (if applicable):

Property Owner Phone:

Property Owner Email:

Site Address:

Parcel Number:

Date of Inspection:

A. General Information

1. I have reviewed the record drawing and related documents for this OSS Yes No NA

2. Building Type(s) Connected to OSS:

Single Family Residence Multi-Family Residence Commercial Food Service

Mobile Home Park Institutional/School

3. If the OSS is a Community System, name of system: _____

4. Type of System:

Gravity Pressure Mound Sub-Surface Drip

Proprietary System: _____ Other: _____

B. Septic Tank

1. Tank size (gal) _____

2. Depth of floating mat (in): 1st compartment _____ 2nd Compartment _____

3. Depth of sludge (in): 1st compartment _____ 2nd compartment _____

4. Tank Status (Y = Yes, N = No)

Watertight Structurally Sound Risers to grade structurally sound and secure

- 5. Tank pumping recommended? Yes No
- 6. Baffles and Filter (S = Satisfactory, U = Unsatisfactory, NA = Not Applicable)
 Inlet Baffle Outlet Baffle Effluent Filter
- 7. Liquid level of tank in relation to outlet pipe: Above Below At
- 8. Comments/Observations/Recommendations

C. Pump Tank Check here if there is no pump tank and skip to Section E.

- 1. Tank Size (gal) _____
- 2. Tank Status (Y = Yes, No = No)
 Tank appears watertight Tank appears structurally sound
 Risers to grade structurally sound and secure
- 3. Float Status (Y = Yes, No = No, Not applicable = NA)
 On/off floats tested On/off floats working properly
 Alarm floats (high and low) tested Alarm floats working properly
- 4. Pumping of pump tank recommended? Yes No
- 5. Pump vault screen cleaned, if applicable? Yes No
- Comments/Observations/Recommendations

D. Control Panel (Y = Yes, N = No)

- 1. Alarm buzzer working Alarm light working Watertight and in good condition
- 2. Pump is controlled by: Demand Float Timer
- 3. If the pump is time dosed (hrs, min, sec): _____ On Run Time _____ Off Time
- Comments/Observations/Recommendations

E. Grease Trap _____ Check here if there is no grease trap and skip to Section F.

1. Tank size (gal) _____

2. Tank Status (Y = Yes, N = No)

_____ Watertight _____ Structurally Sound _____ Risers to grade structurally sound and secure

3. Tank Pumping Recommended _____ Yes _____ No

4. Liquid level of Tank in relation to outlet pipe: _____ At _____ Below _____ Above

Comments/Observations/Recommendations

F. Treatment/Proprietary Components

_____ Check here if there are no treatment or proprietary components and skip to Section G.

Treatment/proprietary component inspection must follow manufacturer's recommendations. Attach separate report or use the space below.

G. Drain Field

1. Drainfield Status (Y = Yes, N = No)

_____ Signs of failure such as surface ponding or soggy soil _____ Inspection/monitoring ports present

_____ Inspection/monitoring port abnormal ponding (greater than 6")

_____ Signs of vehicle or livestock activity or structures over drain field or reserve drain field

_____ Reserve drain field area appears fully available

2. Is there a distribution box? _____ Yes _____ No (If no, skip to section H)

a. Was it uncovered and inspected? _____ Yes _____ No

b. If inspected, does it appear to be functioning acceptably? _____ Yes _____ No

Comments/Observations/Recommendations

H. As Built Record Drawing and Related Documents

- 1. Does the Health District have records for this septic system? Yes No Unknown
- 2. I have reviewed the as-built record and related documents including previous reports to confirm the system is operating as designed. Yes No
- 3. I have verified the as-built record is accurate and matches the OSS inspected:
 Yes No NA

I. For Property Transfer Inspections Only

In addition to the above items, the following items are required for property transfer inspections.

- 1. Permitted OSS Type _____
- 2. Design flow of the septic system _____ gallons per day.
- 3. The as-built record for the septic system must be included in this report. If the as-built record does not exist, submit a site plan showing the location of all system components relative to structures and other site features such as trees, fences, property corner pins, etc. See page 6 for template.

J. On Site Septic System Status

Working satisfactorily Working; corrections needed Failure/Signs of Failure

Comments/Observations/Recommendations

Certified Inspector (printed Name)

Signature

Date

Company Name (if applicable)

