

## 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): 1<sup>st</sup> compartment \_\_\_\_\_ 2<sup>nd</sup> Compartment \_\_\_\_\_

3. Depth of sludge (in): 1<sup>st</sup> compartment \_\_\_\_\_ 2<sup>nd</sup> 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
- 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

**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)

