SEPTIC SYSTEM INSPECTION REPORT

A private inspection by a certified septic contractor. This is not the County Board of Health's existing system evaluation (DPH Form 14.L).

Street address	City	County	ZIP	Inspection date

Client(s)	Owner of record	Reason for inspection

Septic company	Phone	County septage removal permit no.

Inspector	DPH certification type	Certification no.

1 Records

Item	Yes	No	N/A
A County Board of Health permit or inspection record was found for this system.			
The record shows the system was approved when it was installed. A copy is attached.			
The tank was pumped within the past 5 years, by receipt or at this inspection. DPH recommends pumping at least once every 5 years.			
An aerobic treatment unit, if present, was serviced on its maker's schedule.			

Year installed	Bedrooms approved	Bedrooms in the home	Last pumped before today	Water supply

2 System found

Tank material	Tank size (gallons)	Compartments	Depth to lid	Risers to grade

Effluent filter	Distribution	Drainfield type	Lines and total length	Pump tank and alarm

3 Pumping

Pumped at this inspection	Gallons removed	Liquid depth	Sludge depth	Scum depth

4 Tank and components

NI means not inspected. Say why in the notes.

Component	OK	Defect	NI	Notes
Lids and risers				
Tank walls and top				
Inlet baffle or tee				
Outlet baffle or tee				
Effluent filter				
Liquid level at the outlet				
Sewer line from the house				
Distribution box				
Pump, floats, and alarm				

5 Drainfield and site

Was any of this found?

Condition	Yes	No	N/A
Sewage or effluent on the ground			
Soggy soil, or lush grass in strips over the lines			
Sewage odor at the tank or the drainfield			
Slow drains or backups in the house			
Backflow into the tank from the drainfield while pumping			
Roots or groundwater coming into the tank			
A driveway, building, pool, or other structure on top of any part of the system			
Roof drains, a sump pump, or a footing drain tied into the system			

6 Location

Tank to house	Tank to well	Drainfield to well	Tank to property line

☐ A sketch of the tank and drainfield is attached.

7 Adverse conditions

Signs the system is failing or damaged, or conditions likely to make it fail or put public health at risk:

8 Findings and recommendations

No.	Component	What was found	Recommendation
1			
2			
3			
4			
5			

9 Statement

This report describes the system only as the inspector found it on the date and at the time of this inspection. It does not promise that the system will keep working for any length of time.

A lender or the purchase contract may call for the County Board of Health's existing system evaluation instead. The county environmental health office takes those requests.

Inspector signature

Date