Onsite wastewater system assessment

19 CSR 20-3.070

Site information	
Property address	
Owner name	Requested by
Job number	Assessment date
Bedrooms listed	Bedrooms found

Inspector	
Inspector name	DHSS license no.
Company	Phone

Assessment type
Inspection or evaluation
Reason for evaluation

Tanks	
Tank type	Tank size
Liquid level	Baffles

Soil treatment area	
System type	Hydraulic load
Surfacing or seepage	

Onsite wastewater system assessment (continued)

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Water supply	
Supply type	**Bacteria result**

Result and copies	
Defects found	
Sent to DHSS	**Copies sent to**