



Lat: N: \_\_\_\_\_

\_\_\_\_\_ Department of Health

Tax Map Name: \_\_\_\_\_

Long: W: \_\_\_\_\_

**ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT**

Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Installer: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Property Location: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot number: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Facility is: ☐ New ☐ Existing Lot Size (ft<sup>2</sup>/acres): \_\_\_\_\_

Design Loading: Bedrooms: \_\_\_\_\_ or GPD: \_\_\_\_\_ Water Supply: ☐ Existing ☐ Proposed Type: \_\_\_\_\_

**System requires a perpetual maintenance program as per §64CSR9.7.2: ☐ Yes ☐ No**

**SEWAGE TANK COMPONENTS**

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:				Distance to dwelling:			
Constructed of:				Distance to water	Line:		
					Source:		
Manufacturer:				Distance to property line:			
4" inspection port, or riser to surface?	Riser <input type="checkbox"/> Port <input type="checkbox"/>	Riser <input type="checkbox"/> Port <input type="checkbox"/>	Riser <input type="checkbox"/>	Effluent filter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**ABSORPTION FIELD**

**Class I System:** ☐ Chamber ☐ Eljen ☐ Gravelless Pipe ☐ Gravel Media Trenches ☐ Other: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Square footage: Permitted \_\_\_\_\_ ft<sup>2</sup> Installed \_\_\_\_\_ ft<sup>2</sup>

Number of Lines: \_\_\_\_\_ Trench Width: \_\_\_\_\_ Inches

Length of Lines: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Inspection ports installed? ☐ Yes ☐ No Distribution box used? ☐ Yes ☐ No Outlets level? ☐ Yes ☐ No

If chambers, length of each section: \_\_\_\_\_ Gravelless pipe diameter: \_\_\_\_\_

If bed configuration used, dimensions: \_\_\_\_\_ X \_\_\_\_\_ Maximum depth to bed bottom on upslope side: \_\_\_\_\_

Distance of absorption field to: Dwelling: \_\_\_\_\_, Water Supply: \_\_\_\_\_, Water Line: \_\_\_\_\_, Property Line: \_\_\_\_\_

Drainfield laterals installed on-contour: ☐ Yes ☐ No Average Depth: \_\_\_\_\_ Maximum depth: \_\_\_\_\_

**Class II System:** Design Type: \_\_\_\_\_

**Remarks:** \_\_\_\_\_











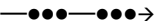



**System is installed as per the permitted design and layout? ☐ Yes ☐ No**

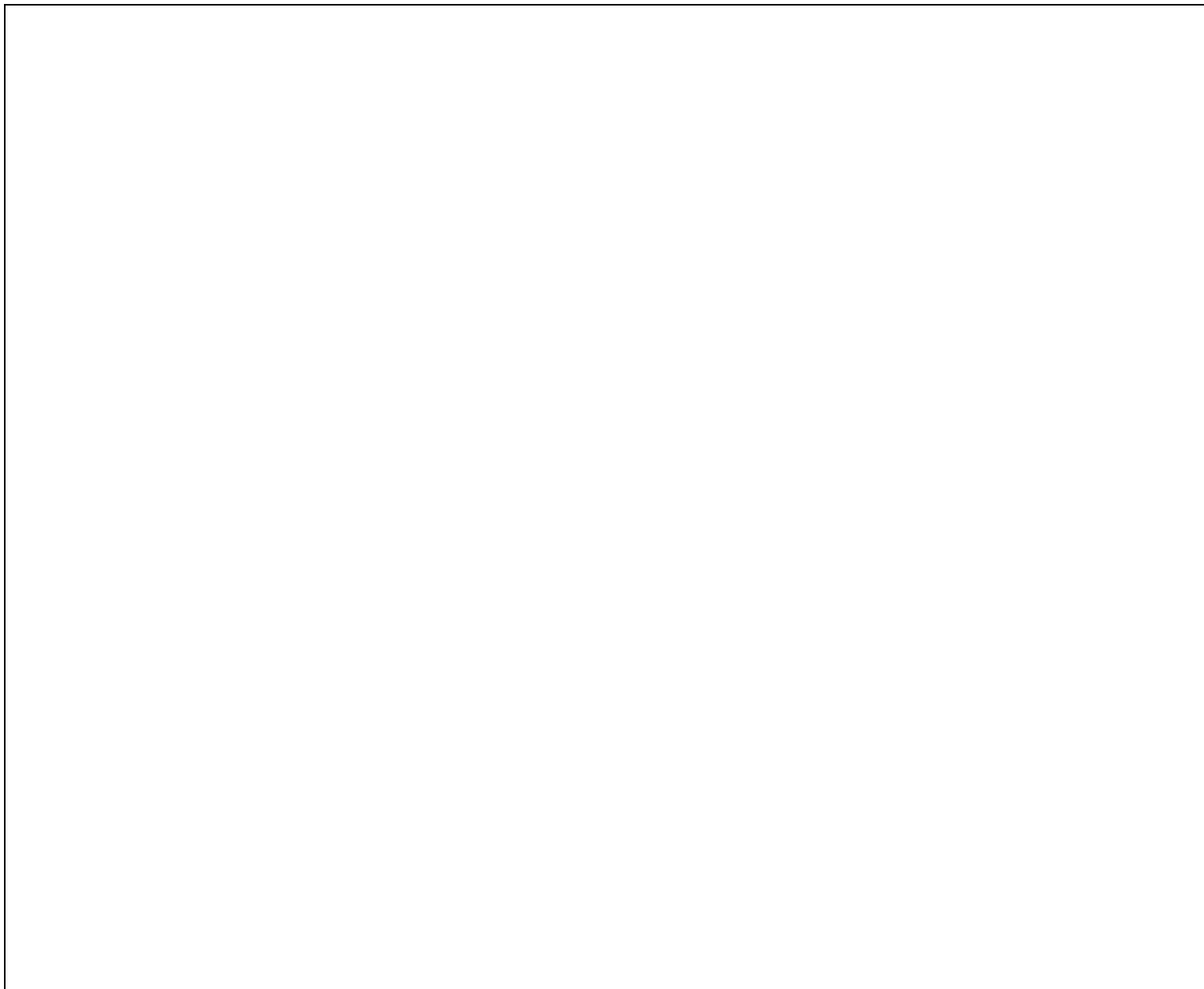
Include sketch of installation on reverse.

Sketch of Installation with Triangulation or Distance to Specific Landmarks.

Include reserve area boundaries.

**LEGEND:**

	House/Facility		Property Line		Fence		Pump Tank
	Soil Absorption Line		Single Wide Manufactured Home		North		Septic Tank
	Existing Water Supply		Distribution Box		Stream Flow		
	Proposed Water Supply		Drain Field Inspection Port		Wooded Area Boundary		



System is: ☐ Approved ☐ NOT Approved

COMMENTS: \_\_\_\_\_

Dates Visited: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Sanitarian

Final Inspection Date