

PROPERTY OWNER

Name: _____ Permit No.: _____
 Street No: _____ Address Name: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (____) - ____ - _____ Work Phone: (____) - ____ - _____

DESIGN

No. of Bedrooms: ____ No. of Bathrooms: ____ High Water Use Appliances: Yes ____ No ____
 Gallons per Day water Usage: _____ (gpd) Soil Analysis Results: _____ (g/sqft)
 Soil Symbol: _____ Soil Name: _____

INSPECTION OF ON-SITE WASTEWATER SYSTEM INSTALLED

1. Cleanouts:

- a. Outside wall of house: Yes ____ No ____
- b. If greater than 90° between the house and septic tank: Yes ____ No ____

2. Septic Tanks:

- a. No. of Tanks ____ Tank 1 (gal) ____ Tank 2 (gal) ____ Tank 1 (gal) ____
- b. Total Volume: _____ (gal.) Tank Construction: Concrete ____ Poly ____
- c. Depth to top of Tanks _____ (in.) Manufacturer: _____
- d. Risers: Yes ____ No ____
 - (1) If yes, Size: _____ Dia. in.
 - (2) Kind of Product: Concrete ____ Plastic ____ Steel ____
- e. Tees in Tanks: Yes ____ No ____
 - (1) Length of extension on Inlet ____ (in.)
 - (2) Length of extension on Outlet ____ (in.) or
 - (3) Effluent filter on outlet: Yes ____ No ____

3. Distribution

- a. Distribution Type: Gravity ____ Pump ____
 Serial ____ Distribution Box ____
- b. If Pump is used:
 - (1) Header ____ Distribution Box ____
 - (2) Alarm System installed: Yes ____ No ____
 - (3) Alarm Kind: Audio ____ Light ____ Both ____
- c. If distribution box:
 - (1) Tee on Inlet: Yes ____ No ____
 - (2) Speed Levelers Present: Yes ____ No ____
 - (3) Depth to top of Box ____ (in.)
 - (4) Riser to surface on Box: Yes ____ No ____

4. Kind of System:

- a. **Soil Absorption System** installed: Yes ____ No ____
 - (1) Kind of Product: Gravel ____ GP(SB2) ____ Chamber ____ Ez-Flow ____
 - (2) Total footage length: _____ ft. (3) Depth of Trenches: _____ in.
 - (4) Trench Width _____ in. (5) If Gravel, Depth of Rock _____ in.
 - (6) Inspection Ports on each lateral: Yes ____ No ____
- b. **Sand filter** installed: Yes ____ No ____
 - (1) Kind of Sand Filter: FASF ____ ISSF ____ SCMSF ____
 - (2) If FASF, Type of Distribution: Splash Block ____ Loop ____
 - (3) Size: _____ ft. X _____ ft.
 - (4) Vents installed on distribution and collection lines: Yes ____ No ____

- c. **Peat Filter** installed: Yes _____ No _____
 - (1) Manufacturer: _____
 - (2) Installer: _____
 - (3) Kind of Peat in Filter: Loose _____ Pillows _____ Both _____
- d. **Textile Recirculating Filter** installed: Yes _____ No _____
 - (1) No. of Pods: _____
 - (2) Size of Pods: _____ in. X _____ in.
- e. **Mechanical/Aerobic System** installed: Yes _____ No _____
 - (1) Manufacturer: Multi-Flow _____ FAST _____ Aero-Cell _____
Other: _____
 - (2) Installer: _____
- f. **Wastewater Stabilization Pond (Lagoon)** installed: Yes _____ No: _____
 - (1) Size: A _____ ft. B _____ ft. C _____ ft. D _____ ft.
 - (2) Type of Discharge: Controlled _____ Continuous _____
 - (3) Fenced: Yes _____ No _____
 - (4) Are signs on all sides stating Health & Safety Hazard: Yes _____ No _____
 - (5) If within 1000 feet of residence or building, are there agreements signed and recorded at the County Recorder's Office: Yes _____ No _____

MAINTENANCE & MONITORING

5. Maintenance:

- a. If one of the filter systems (4.c. or d) or Mechanical/Aerobic systems (4.e) installed at this location, is there a Service Provider to do maintenance on this system?
Yes _____ No _____
- b. Name of Service Provider: _____
- c. Address of Service Provider: _____
- d. City _____ State _____ Zip _____
- e. Phone: (____)-____-_____
- f. Has the Service Contract been recorded at the County Recorder's Office? Yes ___ No ___

6. Monitoring:

- a. Is this project part a Monitoring Program? Yes _____ No _____
- b. Is so, under what program is monitoring to be conducted? _____
- c. If under OSWAP, OSWAP file No.: _____
- d. Interval of Monitoring: _____
- e. Is there an Open Discharge? Yes _____ No _____
 - (1) If no, is there a Sampling Port? Yes _____ No _____
 - (2) If no, is there a small absorption field following the secondary treatment system? Yes _____ No _____
 - (3) If yes, is there a rodent guard on the outlet pipe? Yes _____ No _____
 - (4) If yes, is the outlet pipe 6-8 inches above ground to obtain a sample?
Yes _____ No _____
 - (5) If yes, has NPDES been processed? Yes _____ No _____
 - (5) NPDES Permit Authorization No.: _____

INSPECTION & APPROVAL

7. FINAL INSPECTION:

- a. Signature of Inspector: _____ Date: _____
- b. Approval of System other than Inspector: _____
- c. Date of Approval: _____
- d. Contractor or Installer: _____
- e. Address: _____
- f. City _____ State _____ Zip _____
- g. Contractor or Installer Phone: (____)-____-_____