

Septic System Maintenance Inspection Sheet

Company Name: _____

System Owner: _____

Tax Code: _____

Address: _____

Subdivision: _____

Lot #: _____

System Type: _____

Permit #: _____

System Operator: _____

Inspected By: _____

Certification #: _____

Contract Expiration Date: _____

Date of Inspection: _____

Date of Last Inspection: _____

FACILITY

Y N

Comments:

Type, Size, and Flow in accordance with permit

TANKS

Risers Accessible, Surface Water Diverted

Risers Structurally Sound & Watertight

Pump operating properly

High water alarm present and working

Vents, Floats, Pipes, Valves disconnect accessible

Control Panel / Electrical components in good condition

DRAINFIELD

Evidence of effluent surfacing

Surface water diverted around fields

Proper soil cover and grass maintained

Gate valves & turnups accessible and working

DELIVERY RATE

Design Rate (on permit)

_____ gpm @ _____ ft

Sludge Level _____ Septic Tank _____ Pump Tank

Laterals: excessive sludge Yes No

Before Flushing Lines	1	2	3	4	5	6	7	8	Baseline Head
After Flushing Lines	1	2	3	4	5	6	7	8	Adjusted Head

MEASURED RATE

Draw down after everything has been done (at least 2 or 3 minutes)

on _____ inches off _____ inches
 on time _____ off time _____

For 1000 gal _____ inched dropped * 20 / _____ min = _____ gpm

For 1500 gal _____ inched dropped * 30 / _____ min = _____

STATUS OF SYSTEM: COMPLIANT
 MALFUNCTIONING

NON-COMPLIANT
 INCOMPLETE INSPECTION

DATE OF NEXT INSPECTION: _____