



**Inspection Type: PROPERTY SALE, ROUTINE OR FOLLOW UP**

**Tax ID: 1212121212**

**Inspection Date:**

**GENERAL SYSTEM TYPE: Pressure Distribution**

**Customer / Property Owner Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Mail Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**OSM Company:** \_\_\_\_\_ **OSM Name:** \_\_\_\_\_ **OSM Tel#:** \_\_\_\_\_

**COMMENTS & GENERAL INSPECTION NOTES**

**GENERAL SITE & SYSTEM CONDITIONS**

The General Site and System Conditions were:	Fully Inspected
All Components accessible for maintenance, secure and in good condition:	YES
If a dye test was performed, did the dye surface? (N/A if no dye test)	N/A
Effluent leaking onto the surface of the ground from any component? (If yes, explain in comments)	NO
Improper encroachment (roads, buildings, etc.) onto component(s):	NO
Component settling problems observed:	NO
Subsurface components adequately covered	YES
Period average daily flow (gallons per day)	
Site maintenance required (e.g. Landscape maintenance) If yes, describe in comments:	NO
Occupant compliance problem (occupant not operating the system properly). If YES, describe in notes:	NO
Structures connected to onsite sewage system occupied. If NO explain in comments:	YES
Alterations made to the OSS (valves adjusted, timer settings modified, ports installed, etc.) (If YES, describe in notes):	NO
Risers and lids secured:	N/A
OSS Working Properly	YES
Pre-failing Signs	NO
Record Drawing Modified	NO
Record Drawing New	NO

**ONSITE SEWAGE SYSTEM INSPECTION DETAIL**

**TANK: Septic Tank - 2 Compartment**

This component was:	Fully Inspected	
Effluent level within operational limits (if NO explain in comments):	YES	
All required baffles in place (N/A = No baffles required):	YES	
Effluent Filter Cleaned (N/A = Not Present):	YES	
Compartment 1 Scum accumulation (Inches, if other specify):	3	
Compartment 1 Sludge accumulation (Inches, if other specify):	6	
Compartment 2 Scum accumulation (Inches, if other specify):	0	
Compartment 2 Sludge accumulation (Inches, if other specify):	4	
Pumping needed:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	YES	

<b>TANK: Pump Tank</b>		
This component was:	Fully Inspected	
Compartment 1 Scum accumulation (Inches, if other specify):	0	
Compartment 1 Sludge accumulation (Inches, if other specify):	3	
Pumping needed:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	YES	
<b>Panel: Alarm - High Water</b>		
This component was:	Fully Inspected	
Alarm mechanism functioning as intended:	YES	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
<b>Pump: Effluent Pump</b>		
This component was:	Fully Inspected	
Controls functioning:	YES	
Pump Vault Filter cleaned (N/A = not present):	N/A	
Tested gallons per minute flow:		
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	
<b>Drainfield: Pressure</b>		
This component was:	Fully Inspected	
Component settling problems observed:	NO	
Surface water, downspouts diverted away from drainfield:	YES	
Evidence of vehicular traffic or livestock over drainfield:	NO	
Balancing valves functioning properly (NA = Not Present):	YES	
LPD dose gpm, design rate ____ gpm.		
LPD dose gpm, monitored rate ____ gpm.		
Purge valves functioning properly (NA = Not Present):	N/A	
Observation ports present and accessible:	NO	
A method, such as aeration, was used to reduce clogging of the biomat in this component (If yes, provide detail in comments):	NO	
Lateral lines jetted:	NO	
A modification/repair was completed on the component (If yes, provide detail in comments):	NO	

SAMPLE REPORT