

Septic Inspection Sheet

PIN: \_\_\_\_\_ Permit: \_\_\_\_\_ Contractor: \_\_\_\_\_ System Type: \_\_\_\_\_

1. Location: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_
Location of Drainfield and D-Box Correct: Yes No Location of other components satisfactory: Yes No
Addendum Needed: Yes No Explain: \_\_\_\_\_

2. Building Sewer: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_
Installed: Yes No Minimum Fall 1 1/4"/10': Yes No Comments: \_\_\_\_\_
Cleanouts 50' - 60': Yes No Elbows <= 45 degrees: Yes No Bedded: Yes No \_\_\_\_\_

3. Septic Tank/Trash Tank: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_
Material: Concrete Plastic Seam: Top Mid One Piece Comments: \_\_\_\_\_
Tank Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_
Dual Tanks: Yes (see attached sheet) No Depth from ground surface: \_\_\_\_\_ Minimum distance from structure: Yes No
Passed Leak Test: Yes No Test Type: \_\_\_\_\_ Dewatering device req'd: Yes No Dewatering device installed: Yes No

4. Inlet/Outlet: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_
Minimum Fall 1"-2": Yes No Measured Fall: \_\_\_\_\_ Comments: \_\_\_\_\_
Inlet 8"-10" above invert: Yes No Inlet 6"-8" below invert: Yes No \_\_\_\_\_
Outlet 8"-10" above invert: Yes No Outlet 35-40% of liquid level: Yes No Effluent Filter: Yes No Type \_\_\_\_\_

5. Secondary Treatment Unit: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_
Material: Concrete Plastic Seam: Top Mid One Piece Comments: \_\_\_\_\_
Tank Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_
Treatment Unit: \_\_\_\_\_ Depth from ground surface: \_\_\_\_\_ Minimum distance from structure: Yes No
Passed Leak Test: Yes No Test Type: \_\_\_\_\_ Dewatering device req'd: Yes No Dewatering device installed: Yes No
Dual units: Yes (see attached sheet) No Disinfection Unit: Yes No N/A Disinfection Unit Type: \_\_\_\_\_
Disinfection Unit Functioning: Yes No Alarm: Yes No N/A Alarm Functioning: Yes No

6. Conveyance Method: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_
Conveyance Method (rigid smooth bore, 1500lb crush minimum): Gravity Main Force Main Bedded: Yes No
Sch. 40 - 2' into undisturbed earth: Yes No Comments \_\_\_\_\_
<= 50' from water supply: Yes No (if no, must be >= 35' and water tested) \_\_\_\_\_
Test Type: Water Air Pressure fittings: Yes No Proper size and type: Yes No Minimum Fall 6"/100': Yes No N/A

## Septic Inspection Sheet 2

PIN: \_\_\_\_\_ Permit: \_\_\_\_\_ Contractor: \_\_\_\_\_ System Type: \_\_\_\_\_

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7. **Pump and Pump Station:** Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Material: Concrete Plastic Seam: Top Mid One Piece Comments: \_\_\_\_\_  
Tank Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Depth from ground surface: \_\_\_\_\_ Dual Tanks: Yes (see attached sheet) No Minimum distance from structure: Yes No  
Passed Leak Test: Yes No Test Type: \_\_\_\_\_ Dewatering device req'd: Yes No Dewatering device installed: Yes No  
Enhanced Flow: Yes No Lift Cord: Yes No Disconnect: Camlock Compression Fitting Gate Valve: Yes No  
Check Valve: Yes No Duplex Pumps: Yes No Floats installed/operating correctly: Yes No ¼ day storage: Yes No  
Audio Visual Alarm: Yes No Separate circuits for alarm and pump: Yes No Alarm Functioning: Yes No  
Pump sheet provided: Yes No Pump curve provided: Yes No Pump per plans: Yes No Pump type: \_\_\_\_\_

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8. **Distribution Boxes:** Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Material: Concrete Plastic Depth from ground surface: \_\_\_\_\_ Comments: \_\_\_\_\_  
Splitter/Surge Box: Yes No Speed levelers: Yes No  
Box stabilized: Yes No Baffle: Yes No Ports Level: Yes No Box Size: \_\_\_\_\_

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9. **Header Lines:** Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Pipe type: Corrugated Smoothbore Minimum fall 2"/100': Yes No Comments: \_\_\_\_\_  
Bedded: Yes No Header 2' into trenches: Yes No

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10. **Percolation Lines:** Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Gravel trenches: Yes No Gravel-less type: \_\_\_\_\_ Comments: \_\_\_\_\_  
Minimum fall 2"-4"/100': Yes No Correct length: Yes No  
Drainfield sqft reduction used: Yes No Sampling Ports: Yes No  
Notification Statement signed by owner: Yes No Original footprint preserved: Yes No  
Units bedded and connected properly: Yes No Pipe in place for chamber systems with a pump: Yes No

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11. **Absorption Trenches:** Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Proper depth: Yes No Proper gravel size & depth: Yes No Comments: \_\_\_\_\_  
Filter fabric/paper present: Yes No Proper center to center spacing: Yes No

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12. **Other: System Complete** EHS: \_\_\_\_\_ Date: \_\_\_\_\_  
Completion Statement Signed: Yes No Comments: \_\_\_\_\_  
As Built to be completed by: EHS (see above) Contractor \_\_\_\_\_

Once inspection is completed please fill out Operations Permit Checklist in its entirety for Speedy Notes Processing. Assign in Laserfiche as Speedy Notes status.