

Onsite Wastewater System Inspection Form

Date: _____ Inspection conducted by: _____ License # _____

- Designated Representative
 Septic System Installer

Property Owner: _____ Contact number: _____

Person Requesting Inspection: _____ Contact number: _____

Property Address: _____ Total Area (Acres) _____

Subdivision Lot/Block _____ Parcel #: _____

Residence Single Family Commercial
 Multi-Family Total No. of Bedrooms: _____ Business Type: _____

At time of assessment, property was: Occupied
 Vacant Appx age of system: _____ Water Source: _____

Permit found? Yes (attach copy)
 No If yes, Number of Bedrooms and/or # gallons system is sized for _____

Type of Septic System: Standard Gravity Low Pressure Pipe Holding Tank Surface Discharge
 Drip Irrigation Aerobic Treatment Other: _____

Septic Tank Size (gallons): _____ Material: _____ Effluent Filter Installed? Yes No

Tank pumped for this inspection: Yes If yes, please note any deficiencies: _____
 No If no, when was septic tank last pumped: _____

Tank access risers accessible and in good condition? Yes No

Baffle/Outlet Tee in place? Yes No

Effluent Pump System? Yes No
If Yes, was pump cycled for inspection?

Pump Alarm Installed? Yes No
Was alarm tested and functional? Yes No

Distribution Device: Distribution Box Diversion Valve (to be turned every 6mos)
 Pressure Manifold Hillside Box Other: _____

RECOMMENDATIONS: (i.e. Dbox lid needs replacement, Dvalve turned, Manifold needs flushed)

Number of Lateral Lines _____ Length _____ Media Type _____

ADVANCED SYSTEMS

OMP contract required? Yes No If yes, current provider: _____

Any routine maintenance required by homeowner? _____

OVERALL ASSESSMENT OF SEPTIC SYSTEM (Check all that apply)

- System is failing due to one or more of the following (circle any that apply):
Surfacing sewage, sewage being directly discharged onto the ground or into water, sewage backing up into the structure, collapsed septic tank, tank with no lid or open lid, a non-water tight or leaking septic tank, pump or other critical component not working
- The system is undersized and may need to be upgraded.
- The system is undersized , but appears to be functioning adequately.
- The system appears to be located on adjacent property and may need to be properly located.
- The system is functioning and does not require additional action.
- Unable to determine function of system due to property vacancy.

General Observations &/or Recommendations: _____

Sketch approximate layout of lateral lines and/or septic tank if different than permit or if previously unknown:

**Return copy of this report to:
Benton County Health Unit Attn: Environmental
1200 W. Walnut, Suite 2200
Rogers, AR 72756
Phone: 479-986-1358
Fax: 479-986-1374**