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ATTORNEY FOR THE TOWN

SEPTIC INSPECTION REPORT

Inspection Date:

Inspection Date Weather:

Inspection Address:

Water Supply: ___Public ___Private ___Unknown

Hydraulic load test performed: Yes No

Was Water run through system: Yes No Explain:

Age of Home: Number of Bedrooms:

Age of System (if known):

Date of Last Pump:

Is there an external pump station: Yes No

Is all Wastewater, including Gray water, piped to Septic System:

Number of Wastewater treatment systems at this property:

Tank #1

Description:

Gallons: Type:

Tank Condition: Satisfactory Unsatisfactory

Inlet Baffle satisfactory: Yes No

Outlet Baffle Satisfactory: Yes No

Effluent filter in outlet baffle: Yes No

Water level in tank: Normal High Low

Drainage system type: Conventional Leach Raised Leach Dry Well Other: Unknown

Any indication of Effluent surfacing: Yes No

Notes/Observations:

Brief description of any necessary repairs or any additional comments:

INSPECTION PERFORMED BY:

THIS SYSTEM PASSES INSPECTION: YES NO