



**SEPTIC SYSTEM INSPECTION REPORT**

Date of Service \_\_\_\_\_ Reason for Inspection  Annual  Service Call  
Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SYSTEM INFORMATION**

Septic System Type Anaerobic / Aerobic (ATU) Installation Date \_\_\_\_\_ Last Pump Out Date \_\_\_\_\_  
Blower / Aerator Brand & Size \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

**EQUIPMENT OPERATION**

**A. Septic Tank**

Tank Size \_\_\_\_\_ No. of Compartments \_\_\_\_\_ Tank Access at Grade Y/N Riser Installed Y/N  
Condition of Lid(s) \_\_\_\_\_ Evidence of Leakage Y/N If so, where: \_\_\_\_\_  
Effluent Filter Y/N If present, Filter Cleaned Y/N Inlet Baffle Intact Y/N Outlet Baffle Intact Y/N

Comments: \_\_\_\_\_  
\_\_\_\_\_

**B. Blower/ Aerator**

Air Inlet Filter Clean Y / N Blower Hood Vent Clear Y / N Excessive Noise or Vibration Y / N  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**C. Pump Out Required**

Sludge Depth \_\_\_\_\_ Y/N Primary Settling Zone \_\_\_\_\_ Secondary/Aerobic Treatment Zone \_\_\_\_\_

**D. Disposal**

Number of Gallons Removed \_\_\_\_\_ Primary Settling Zone \_\_\_\_\_ Secondary/Aerobic Treatment Zone \_\_\_\_\_  
Land Application Y/N Land Application Site (County, Section, Twp, Range) \_\_\_\_\_  
Municipal Plant (Location) \_\_\_\_\_

**MAINTENANCE COMMENTS**

Please describe site condition, maintenance performed, safety issues or other concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:** I hereby certify that I have performed the above stated work &/or directly supervised others in the performance of this job.

NAME OF INSPECTION COMPANY \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_  
TECHNICIAN NAME \_\_\_\_\_ TECHNICIAN SIGNATURE \_\_\_\_\_  
HOMEOWNER SIGNATURE (if available) \_\_\_\_\_ DATE \_\_\_\_\_