

Golden Township On-Site Disposal System Inspection Record

Property Information:

Parcel Tax ID#:

Address of OSDS:

Street:

City:

State:

Distance To Nearest Water Body:

500 ft - 201 ft: ☐Less than 201 ft: ☐

Property Owner Contact Information:

Last, First

Cell:

Land Line #:

E-Mail:

Mailing Address (If different from Above):

Street:

City:

State/ZIP:

On-Site Disposal System Description:

Tank Volume:

Chambers

Tank Type:

ATU? : Y / N

Drain Field Dimensions:

Depth:

Drain Field Type:

Description of System:

Conditions Found Upon Inspection:

Septic/Holding Tank:

Check Ground Surface around tank for evidence of discharge or saturation

☐ None☐ Present

Uncover outlet side of the septic tank and evaluate condition of outlet baffle

☐ Good☐ Damaged/Missing

Evaluate the water level in the Septic Tank

☐ Good☐ Hi☐ Low

Evaluate the sidewalls and ceiling of the tank for evidence of failure or excessive water level

☐ None☐ Present

Determine the thickness of the waste accululated in the sludge layer of the tank

Inches

Determine the thickness of the scum layer on the top of the tank

Inches

Combination of sludge and scum layers, less than 33% of the design liquid level of the tank	%	<input type="checkbox"/> >33%
Date septic/holding tank was last pumped:	Date:	
Pump Chamber:		
If there is a distribution box, uncover and evaluate for no debris or sludge	<input type="checkbox"/> None	<input type="checkbox"/> Present
Remove the cover from the pump/dosing tank and evaluate the float/switch for proper operation	<input type="checkbox"/> Good	<input type="checkbox"/> Damaged
Evaluate visual and audible alarm by activation float/switch	<input type="checkbox"/> Good	<input type="checkbox"/> Disrepair
Check for debris or sludge in the pump tank	<input type="checkbox"/> None	<input type="checkbox"/> Present
Evaluate the condition of the pump	<input type="checkbox"/> Good	<input type="checkbox"/> Disrepair
Evaluate visual and audible alarm by activating float switch	<input type="checkbox"/> None	<input type="checkbox"/> Present
Effluent Distribution System:		
Determine location and size of the effluent distribution system	Linear Feet	
Check ground surface around drain field for evidence of a discharge and/or saturation	<input type="checkbox"/> None	<input type="checkbox"/> Present
Check for areas of dead vegetation or the lack of vegetation	<input type="checkbox"/> None	<input type="checkbox"/> Present
Check for encroachment of trees or other harmful vegetation	<input type="checkbox"/> None	<input type="checkbox"/> Present
Auger Drain Field Inspecting for Bio-Mat and gravel condition	<input type="checkbox"/> None	<input type="checkbox"/> Present
Check Observation Port for odor, settleable solids, floating debris, visible oil, grease, scum or sludge solids	<input type="checkbox"/> None	<input type="checkbox"/> Present
Raised Filter Beds: NA: <input type="checkbox"/>		
Is/Are there Raised Filter Bed(s) in Use?	<input type="checkbox"/> None	<input type="checkbox"/> Present
Check ground surface around mantle and bed for evidence of a discharge or saturation	<input type="checkbox"/> None	<input type="checkbox"/> Present
Check for encroachment of trees or other harmful vegetation	<input type="checkbox"/> None	<input type="checkbox"/> Present
Check for areas of dead vegetation or lack of vegetation in the area of the system	<input type="checkbox"/> None	<input type="checkbox"/> Present
Evaluate ground surface to determine if surface water is diverted away from system	<input type="checkbox"/> Draining	<input type="checkbox"/> Not Draining
Diagram of OSDS and Property Features:		
Include Dimensions to the nearest foot, indicate North:		

Results of Inspection:

- ☐ OSDS is in Acceptable Condition - Recommend Operating Permit be Issued for _____ years
- ☐ OSDS is in Fair Condition - Recommend OSDS Operating Permit be issued for _____ years. _____ need an upgrade before next permit
- ☐ OSDS is in a **UNACCEPTABLE/FAILED** Condition, remediation is needed before permit is issued

Reason(s) for failure and Recommendations for Remediations:**Preventive Maintenance Suggestions:****Inspector's Notes:****Signatures:**

Inspector:		
Date:	License #:	
Phone #:	E-Mail:	
Zoning Administrator:		
Date:	Permit Number:	
Date Sent to Property Owner:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email

Septic systems are subterranean; therefore it is impossible to determine their overall condition. Also, when no water is entering the main field, i.e. if the house is vacant, a determination of their status is difficult. No prediction can be made as to when a system might fail. These report comments on the workability of the system components are for the day of inspection only, and in no way intend to **guarantee** or **warrant** of any kind.