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| **Maintenance Assurance Manual****Septic Tank Inspection Report** | Report No.: ST 1 Page 1 of 1 |

□ Residential □ Communal: number of homes servicing: \_\_\_\_\_\_\_\_\_\_

□ Sub-division; Number of homes \_\_\_\_\_\_ □ Other, Please Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_

Location of Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Components Inspected

Grease Trap □ Yes □ No □ N/A

Septic Tank: No. of Tanks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No □ N/A

Baffles □ Yes □ No □ N/A

Pump Tank □ Yes □ No □ N/A

Pump □ Yes □ No □ N/A

Control Panel □ Yes □ No □ N/A

Pretreatment Unit □ Yes □ No □ N/A

Sand filter □ Yes □ No □ N/A □ Other:\_\_\_\_\_\_

Disinfection Unit Specify Type: \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No □ N/A

Outlet Screens □ Yes □ No □ N/A

Drain field Specify Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No □ N/A

Outfall Pipe □ Yes □ No □ N/A

Comments and Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Results: □ Satisfactory □ Unsatisfactory

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_