## Mountain Castles Soil & Water Conservation District Tinker Creek & Glade Creek Septic Program

## SEPTIC SYSTEM INSPECTION FORM

This form is to be completed at the time of the pump out (RB-1) and/or full inspection and non-permitted repair (RB-3R) by the contractor performing your septic pump out & inspection. This form may also be used to document inspections completed as part of a septic system repair (RB-3) or replacement (RB-4).

Name of Homeowner:		
Address of System Inspection:		
Size of Tank:		
Notes of Effluent Removed (If applicable)	):	
Condition of Septic Tank:		
Condition of Tank Lid and Baffles:		
Condition of Distribution Box and Lines (I	f applicable for repairs, RB-3):	
System Recommendation(s):		
Repair Needs (If applicable):		
nspector Name	Business Name	
Inspector's Signature	Date	

<sup>\*</sup>This form is to be submitted to <u>Mountain Castles SWCD</u> with the invoice. Payment for a pump out or associated inspection will <u>not</u> be made without a completed inspection form.