



## Request for Inspection of Existing Sewage Disposal System

\_\_\_\_\_ Sewage (\$200) # \_\_\_\_\_

Property to be inspected: \_\_\_\_\_  
STREET NUMBER

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of person making request: \_\_\_\_\_  
STREET NUMBER

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Email Address: \_\_\_\_\_

**TO EXPEDITE PROCESS: Make sure your property is mowed. On reverse side of sheet, include a drawing of the lot showing location of house, septic system, cistern or well, driveway, outbuildings, creeks, ponds, drainage gullies or related structures and landmarks.**

Number of bedrooms: \_\_\_\_\_ Lot size: \_\_\_\_\_ Home occupied? Yes \_\_\_ No \_\_\_

Type of tank: Septic \_\_\_\_\_ Aerobic \_\_\_\_\_ Fiberglass/Plastic \_\_\_\_\_ Concrete \_\_\_\_\_  
Metal \_\_\_\_\_ Concrete block \_\_\_\_\_ Capacity of tank: \_\_\_\_\_ gallons

Lateral field? Yes \_\_\_ No \_\_\_ Amount of lateral line \_\_\_\_\_ ft Type: \_\_\_\_\_

System age? \_\_\_\_\_ years Has system been altered? Yes \_\_\_ No \_\_\_ Unknown \_\_\_\_\_

If altered when and how? \_\_\_\_\_

Source of water supply: Cistern \_\_\_\_\_ Well \_\_\_\_\_ City \_\_\_\_\_ Other \_\_\_\_\_

**Owner/Agent Affidavit:** (Choose one of the following and sign below)

\_\_\_\_\_ I certify that to the best of my knowledge the existing sewage disposal system is functioning properly, is disposing of the sewage within the property boundaries, is not in violation of related regulations and is not creating a public health nuisance.

\_\_\_\_\_ I believe that the existing sewage disposal system is **NOT** operating properly and may or may not be causing a potential public health nuisance. If this is the case, a septic site evaluation must be requested from this office versus an existing sewage disposal system inspection. Please note that the site evaluation request requires a different form to be filled out/turned in and has a different fee.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Note: It may be necessary for you to have portions of the sewage disposal system uncovered to allow visual inspection if component verification is needed**

**Office use only**

Date received: \_\_\_\_\_ By: \_\_\_\_\_ Paid by: \_\_\_\_\_ Cash \_\_\_\_\_ Check # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Money order # (\_\_\_\_\_) \_\_\_\_\_ Credit/debit \_\_\_\_\_