



Department use only
USE _____

USE PERMIT INSPECTION REPORT

To apply for a Use Permit, submit this completed form along with processing fee. Application will be processed within 7 - 10 business days of submitting completed form.

NOTES: Not all systems need an inspection.

Inspections are not required to be performed on properties where:

- 1) The septic system was installed and approved within 5 years of closing date.
- 2) Owner has obtained a permit to repair the system.
- 3) Subject system was installed but has never been used.

For property transfers involving multiple systems: Each system on property must obtain a separate Use Permit and so must receive independent inspections.

Current owner:	
Buyer (if applicable):	
Applicant:	Appl. Phone:
Appl. E-mail:	
Site Address:	
Legal Description:	
Email Copies to all indicated Email addresses:	
Size of the property: _____ acres	
Type of building or structure (if commercial, list all uses or tenants): Single Family/ Multi Family/ Commercial/ Outbuilding/ Not Yet Constructed	
Use Permit Required for: <input type="checkbox"/> Property Transaction <input type="checkbox"/> Addition/Remodel	

I. GENERAL INFORMATION (to be completed by owner or owners agent)

1. Date Onsite Wastewater Treatment System installed (Final) Date _____ Unknown
2. Type of OWS Tank & Field Vault Incinerator Other _____
3. System Permitted Yes **NO** Original Permit #: OWS _____
4. Water Softener Yes No
5. Garbage Disposal Yes No
6. Grease Trap Yes No
7. In Home Business Yes No Type: _____
8. Flow Meter Yes No

9. Number of Bedrooms in House _____
 Number Listed on OWTS Permit _____ No permit exists
 Number Listed in Assessor's Records _____
10. House Currently **Occupied?** Yes No If No, how long unoccupied: ? _____
 (# of Months)

_____ (Legal description)
11. Has a Sewage Backup Ever Occurred? Yes No

If yes, please explain: _____

12. Is there a service contract for system components? Yes No Company _____

13. List any known repairs to the system _____

Year _____ Permit# _____

14. Date septic tank last pumped _____ Company _____ Frequency _____

15. Water supplied by a well: Yes No

Potability test of well water analyzed within past 12 months Yes No

Potability test results Pass Fail

A pass or fail here does not indicate a pass or fail for the inspection

The above information is true to the best of the owner's knowledge.

Owner/Agent: _____ Date: ____/____/____

SECTIONS II and III- Components of Onsite Wastewater System- to be completed by Use Permit inspector (any items checked in bold must include an explanation under section III, # 14)

II. SYSTEM TYPE

1.	Lift Station	Type	Concrete/Plastic/Metal/ Fiberglass/NA	Capacity (gal)	_____
2.	Pretreatment Unit (Septic Tank)	Type	Concrete/Plastic/Metal/ Fiberglass/NA	Capacity (gal)	_____
		Manufacturer	_____		
3.	Higher Level Treatment Unit	Type	Aeration/Membrane/Sand Filter/NA/ Other	Capacity (gal)	_____
		Manufacturer	_____		
4.	DOSE TANK: Siphon/Pump Tank	Capacity (gal)	_____		
5.	Soil Treatment Unit:	Type	Gravel/Chamber/Mound/Drip/Seepage Pit/Unknown/No Field/ Other	_____	
		Area (Ft ²)	_____		

6.	Vault (<i>see instructions</i>):	Type	Concrete/Plastic/Metal/NA	Capacity (gal)	_____
		Manufacturer	_____		
	Warning Device	<input type="checkbox"/> Pass	<input type="checkbox"/> FAIL		
7.	Privy	Type	Pit/Vault/NA		
	Water supplied fixtures in the home	<input type="checkbox"/> YES	<input type="checkbox"/> No		
8.	Additional Components:				
9.	Gray Water discharge (If separate from OWS)	<input type="checkbox"/> None	<input type="checkbox"/> SURFACE	<input type="checkbox"/> SUBSURFACE	<input type="checkbox"/> VAULT

III. EVALUATION PROCEDURES

1.	Locate, access, and open the septic tank cover	<input type="checkbox"/> Pass	<input type="checkbox"/> FAIL
2.	If at grade, is tank cover secure	<input type="checkbox"/> Pass	<input type="checkbox"/> FAIL
3.	Can surface water infiltrate into tank(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Leaking water fixtures in the facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Any indicators of previous tank failure	<input type="checkbox"/> YES	<input type="checkbox"/> No
6.	Inspect lid, measure sludge & scum level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Effluent filter present (required after 6/2000)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8.	Run an operation test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gallons added in the operation test	Gallons	_____
	Does water backflow into tank from field	<input type="checkbox"/> YES	<input type="checkbox"/> No
9.	Pump out primary treatment (septic) tank	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	How many gallons	_____	
10.	Condition of the septic tank	<input type="checkbox"/> Pass	<input type="checkbox"/> FAIL
	Inspect condition of inlet and outlet baffles	<input type="checkbox"/> Pass	<input type="checkbox"/> FAIL
	Comments (cracks, deterioration, infiltration, or damage):	_____	

- 11. Does the system contain a siphon or a pump Siphon Pump No
 If so, was the condition of the tank checked Yes No
 Comments: _____
- a. Is the pump elevated off the bottom of the chamber Yes No
- b. Does the siphon or pump work Pass **FAIL**
- c. Does the alarm work Pass **FAIL**
- d. Is there a high water alarm Yes No
- e. Type of alarm Audio Visual Both
- f. Do electrical connections appear satisfactory Yes No NA
- g. Was the pump tank cleaned Yes No

- 12. Was the soil treatment area probed to determine its location and to check for excessive moisture, odor, and/or effluent? Yes No **NO SOIL TREATMENT AREA**
 If NO, why not _____
- a. Any area subject to damaging erosion Yes No
- b. Any part of field subject to compaction (Ex.: driveway) Yes No
- c. Any indication of previous failure **YES** No
- d. Seepage visible on the surface of the field **YES** No
- e. Improper vegetation present (trees, large shrubs) Yes No
- f. Heavy saturation observed in the distribution media (standing water in vents) **YES** No
- g. Even distribution of effluent in the field Yes No Unknown
- h. Snow cover over the absorption area Yes No
- i. Irrigation present on absorption area Yes No
- j. Suspect Shallow ground water in area **YES** No
- k. If undocumented system, was field area/depth identified Yes **NO** NA

13. Distance between water well and soil treatment area Feet _____

- 14. Inspection Results of OWTS:
 - Acceptable (No Repairs Needed)
 - Acceptable (Repairs Needed- completed during inspection/visit)
 Explain/Define Non Permit Repairs that were done

 - UNACCEPTABLE** (Repairs Required)
 Explain repair work required

 - UNACCEPTABLE** (Further Exploratory Work Required)
 Explain _____

Inspector:	Date of Inspection:	Cert. #:
Company:		Phone#:

Inspector Signature: _____ Date: ____/____/____

IV. SKETCH OF SYSTEM (to be completed by Use Permit inspector or attach as-built)

Department Use Only	
Schedule #	EHS Assigned:
Is an operating permit required for system? Yes No	Current operating permit? Yes No
Additional Comments for Permit:	
General Notes:	
<input type="checkbox"/> Use Permit Denied	Reason:
<input type="checkbox"/> Use Permit Approved By:	Date: