

# Onsite Sewage System Inspection Summary Report

**System ID** \_\_\_\_\_ **Date of Inspection** \_\_\_\_\_

**Property Information**

Address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**System Inspector Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The components present and inspected in the onsite system at this location are indicated below (check all that apply):

Present	Inspected		Present	Inspected	
<input type="checkbox"/>	<input type="checkbox"/>	Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Trench Soil Absorption Field
<input type="checkbox"/>	<input type="checkbox"/>	Effluent Filter	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Sand Mound Soil Absorption Field
<input type="checkbox"/>	<input type="checkbox"/>	Holding Tank	<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Bed Soil Absorption Field
<input type="checkbox"/>	<input type="checkbox"/>	Dosing Tank (pump chamber)	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Bed Soil Absorption Field
<input type="checkbox"/>	<input type="checkbox"/>	Effluent Pump	<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Drip Soil Absorption Field
<input type="checkbox"/>	<input type="checkbox"/>	Distribution Box	<input type="checkbox"/>	<input type="checkbox"/>	Other (Describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Drainage			

I have thoroughly inspected the onsite system at this location and found that: (check all that apply)

- This system **is not** exhibiting signs of failure (as defined in Rule 410 IAC 6-8.3-33) at this time.
  - This system appears to meet the new construction provisions of the applicable ISDH onsite rule and county ordinance at the time of installation.
    - Rule 410 IAC 6-8 (November 18, 1977 - December 20, 1990)
    - Rule 410 IAC 6-8.1 (December 21, 1990-December 31, 2010)
    - Rule 410 IAC 6-8.2 (January 1, 2011 - November 18, 2012)
    - Rule 410 IAC 6-8.3 (November 19, 2012 - present)
    - Installed prior to November 18, 1977
  - This system does not meet the new construction provisions of the applicable rule at the time of installation and may have been approved as a best judgment by the local health department at the time of installation.
 

Describe: \_\_\_\_\_
  - This system, while not currently exhibiting signs of failure, is in need of servicing, repair or replacement.
 

Describe: \_\_\_\_\_
- This system **is** exhibiting signs of failure (as defined in Rule 410 IAC 6-8.3-33). This constitutes a health hazard and the onsite system must be repaired or replaced immediately.
  - The system refuses to accept sewage at the rate of application thereby interfering with the normal use of residential plumbing fixtures.
  - Effluent discharge exceeds the absorptive capacity of the soil, resulting in ponding, seepage or other discharge of effluent to the ground surface or to surface waters.
  - Effluent is discharged from the system causing contamination of a potable water supply, ground water or surface waters.
 

Describe: \_\_\_\_\_
- It is undetermined at this time if the system is or is not in failure. Further investigation is required.
 

Describe: \_\_\_\_\_

This inspection was completed to the best of my ability, and I attest that all of the above information is true and correct. This inspection report summary reflects the system status on the day of inspection only. No warranty or guarantee of future performance is granted or implied.

Signature of Inspector \_\_\_\_\_ Date \_\_\_\_\_

A copy of this summary report has been provided to:  The client \_\_\_\_\_

Please attach additional pages if further description is necessary.  The \_\_\_\_\_ County Health Department

Other \_\_\_\_\_