

## SEPTIC SYSTEM OPERATION & MAINTENANCE REPORT FORM

Name of Establishment \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name of Owner/Manager: \_\_\_\_\_ Phone # \_\_\_\_\_

Site Address \_\_\_\_\_ City \_\_\_\_\_

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

### ONSITE SEWER SYSTEM STATUS:

☐

Working satisfactorily

☐

Working, Corrections Needed\*

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Failure\*

(\*Explain under "COMMENTS" section below. Failures shall be reported to the Grant County Health District.)

**COMMENTS:** Briefly describe any of the following activities that have occurred during the contract period: Additional inspections not listed above; Clarifications from the Inspection Activity checklist on the back of this page, and/or; Indications of high waste strength, toxic discharges, repairs or malfunctions. List date(s) when they occurred or were observed.

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Service Company Name \_\_\_\_\_ Email Address: \_\_\_\_\_

SEPTIC MAINTENANCE PROVIDER's Name: \_\_\_\_\_ Provider Phone # \_\_\_\_\_

SIGNATURE OF SEPTIC MAINTENANCE PROVIDER X \_\_\_\_\_ Date \_\_\_\_\_

This report indicates the condition of the above onsite sewage system at the time of inspection dated. It does not guarantee that it will continue to function satisfactorily.

**Note:** All activities listed which are applicable to the on-site sewage disposal (OSS) system serving this site, must be inspected and checked off.

### INSPECTION ACTIVITY (If not applicable write N/A)

#### SEPTIC TANK

		Inches
		Depth of floating mat in 1st compartment
		Depth of sludge in 1st compartment
		Depth of floating mat in 2nd compartment
<b>Yes</b>	<b>No</b>	Depth of sludge in 2nd compartment
		Inlet and Outlet baffles in place and not damaged
		Effluent filter accessible, in place
		Effluent filter cleaned (If applicable)
		Watertight (no visual leaks), including risers
		Risers & lids in good condition, lids securely fastened
		Settling, erosion or ponding problems
		Septic Tank Pumping Recommended

#### PUMP TANK

		Inches
		Depth of floating mat
		Depth of sludge
<b>Yes</b>	<b>No</b>	Pump Draw Down, inches per min.
		Vault screen cleaned, if applicable.
		Floats functioning properly
		Risers and lids good condition, lids securely fastened
		Watertight (no visual leaks), including risers
		Settling, erosion and/or ponding problems
		Pump Tank Pumping Recommended

#### CONTROL PANEL

<b>Yes</b>	<b>No</b>	
		Alarms working satisfactorily
		Timer #1 settings                      ON:                      OFF:
		Timer #2 settings                      ON:                      OFF:

#### DRAINFIELD

<b>Yes</b>	<b>No</b>	
		Signs of drainfield failure, such as settling, ponding, or soggy soils?
		Evidence of vehicular, livestock, or other traffic over drainfield?
		Reserve Area appears to be available?

**AEROBIC TREATMENT UNIT** – The manufacturer’s requirements must be followed. Please attach report with the manufacturer’s requirements.

Yes	No	
		Air supply working satisfactory
		Alarm working satisfactory
		Settle-able Solids, Sludge level measured
		Unit needs to be pumped

**GREASE TRAP**

Yes	No	
		Unit working as expected
		Baffles in place
		Pumping recommended
Date Pumped		Pumper
		Gal. Removed

Sketch of septic tank and drainfield location in proximity to building.

