

Appendix D
OTN SYSTEM INSPECTION INFORMATION REQUEST
Individual Residential Wastewater Treatment System
(Please type or print)

Property and Owner Identification (Please attach property survey or tax parcel map)

Tax parcel identification number _____
Property address _____
Property owner _____
Address _____
Telephone No. _____

Inspection Request Information

Inspection requested by _____
Affiliation _____
Address _____
Telephone No. _____
Requested date of inspection (give two or three) _____
Purpose of request: property transfer _____ agency request _____ malfunction _____
_____ other (please describe) _____
Inspection fee to be paid by: _____

Payment is due before report is released

Household Information

____ Owner –occupied *or* ____ Rental
____ Full-time *or* ____ Seasonal If seasonal, # weeks per year: _____
Last known date of occupancy: _____ Number of occupants: _____
Age of home: _____ Total square footage: _____
of bedrooms: ____ # of bathrooms: ____ Water-saving fixtures? ____ Yes ____ No
Home, business or hobby? (e.g. daycare, photography, taxidermy, salon): ____ Yes ____ No
Type _____
Regularly used medications? (e.g. chemotherapy, dialysis): ____ Yes ____ No
Are there any wells on the property? _____ How many? _____
Household fresh water source: ____ public; ____ well(s); ____ spring(s); ____ other
If well, circle one (drilled / dug); Year installed: _____ Depth _____ ft
List all public or private buried utilities or structures on property: (gas, electric, phone, etc.)
Type _____

Onsite Wastewater Treatment System (s)

How many systems are on the property? _____
Year system(s) installed: Tank _____ Leach system _____
Are all system components wholly within the property boundaries? ____ Yes ____ No
Are system plans available? ____ Yes ____ No
Does the system(s) serve multiple properties? ____ Yes ____ No
If yes, describe _____

Maintenance

Service agreement? ____ Yes ____ No If yes, vendor name _____

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Date of last inspection _____; N/A____ Date tank last pumped _____; N/A____
 Frequency of pumping _____; N/A ____

List known repairs/replacements, with dates:

<u>Date</u>	<u>Type of Repair/Replacement</u>
_____	_____
_____	_____
_____	_____
_____	_____

Operation

- ◆ System problems? _____ Yes _____ No
- ◆ Sewage odors? _____ Yes _____ No
- ◆ Direct surface discharge(s)? _____ Yes _____ No
- ◆ Back-up of toilets? _____ Yes _____ No
- ◆ Back-up of any other fixtures? (e.g. slow drains) _____ Yes _____ No
- ◆ Seasonal ponding or breakout of leachfield? _____ Yes _____ No

Statement of Acceptance of Conditions

I agree to:

- > ensure that the septic tank(s), distribution box(es), and/or seepage pit(s), if any, will be uncovered **prior to** the requested inspection time;
- > have a septage hauler on site (to pump the tank **after*** the inspector arrives);
tank must be pumped in presence of inspector
- have an authorized representative present at the site to provide access to home for inspection of interior plumbing;
- allow the inspector to verify information provided above, and to conduct an inspection of the indicated onsite wastewater treatment system(s), including all system components, and interior and exterior plumbing.

To the best of my knowledge, the information provided above is accurate.

I agree to be responsible for inspection fee payment.

Signature of property owner or authorized agent:

Please print name: _____

Affiliation: _____ owner _____ agent _____

Signature: _____ Date: _____

Comments/Directions to property/etc. (optional)

Inspector

Name of Inspector _____

Affiliation _____

Address _____

Telephone No. _____