Recommended Onsite Sewage Disposal System (OSDS) Inspection Form to Conduct a Proper Inspection for Property Transfers

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Property Address** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** | |  | | | | | | | | | | **State** | | | | | | | |  | | | **Zip Code** | | | | | |  | | | | | | | |
| **County** | |  | | | | | | | | | | | | | | **Date and Time of Inspection** | | | | | | | | | | | | |  | | | | | | | |
| **Inspector Name** | |  | | | | | | | | | | | | | | **Company** | | | | | |  | | | | | | | | | | | | | | |
| **Phone Number** | |  | | | | | | | | | | | | | | **Email** | | | | | |  | | | | | | | | | | | | | | |
| **Property Type** | |  | | | | | | | | | | | **Age of Dwelling** | | | | | | | | |  | | | **Number of Bedrooms** | | | | | | | | | |  | |
| **Occupied?** | |  | | | | | | | | **If Vacant, How Long?** | | | | | | | | | | | |  | | | **Rental?** | | | | | | | | | |  | |
| **Number of People Moving In?** | | | | | | |  | | | | | **Homeowner Interview Conducted?** | | | | | | | | | | | | | | | | | | | | |  | | | |
| **OSDS Records Requested from County?** | | | | | | | | | | | | | |  | | | **Were Records Available?** | | | | | | | | | | | | | |  | | | | | |
| **OSDS History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long has Resident lived there?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of people in dwelling now?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age of OSDS?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any History of Sewage problems?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, Detail problems below** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pumping Frequency** | | |  | | | | | | | **Last Date Pumped** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Any Repairs to OSDS** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If Yes, Detail Repairs (Include Dates)** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **I have read and understand I am to fill out the General Information to the best of my knowledge on this form. If I am unsure I will note N/A. I also agree to obtain any County records regarding the Onsite Sewage Disposal System. Failure to obtain records will result in the delay of my inspection.**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Septic Tank | | | | | | Size | | | | |  | | | | | | | Construction | | | | | | | | |  | | | | | | | | | |
| Pre-Treatment Unit | | | | | | Make | | | | |  | | | | | | | Model | | | | | | | | |  | | | | | | | | | |
| Pump Chamber | | | | | | Size | | | | |  | | | | | | | Construction | | | | | | | | |  | | | | | | | | | |
| Grease Trap | | | | | | Size | | | | |  | | | | | | | Construction | | | | | | | | |  | | | | | | | | | |
| Conveyance System Type:  PVC  Cast Iron  Terra Cotta  Orangeburg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effluent Filter | | | | Peat filter | | | | | | | | | | | | | | | | | | | | | | Sand Filter | | | | | | | | | | |
| Distribution Box | | | | Dropboxes (Number) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Alternating Valve | | | | Headworks Box (for drip tubing) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Trenches (Number) | | | | |  | | | Length | | | | | | |  | | | Width | | | | | |  | | | | | | Depth | | | |  | | |
| Seepage Pits/Drywells (Number) | | | | | | | | | | | |  | | | | | | | | | Diameter | | | | | | |  | | | | Depth | | | |  |
| Low Pressure Pipe | | | | | | | | | | | | Drip Tubing | | | | | | | | | | |  | | | | | | | | | | | | | |
| At-Grade Mounds | | | | | | | | | | | | Sand Mound | | | | | | | | | | |  | | | | | | | | | | | | | |
| Other |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**NOTE: Highlighted fields are Required**