



Application for Inspection
For Individual Sewage Disposal System

FORM MUST BE COMPLETED IN FULL

Name of Applicant Phone

Mailing Address of Applicant

Name of Present Owner

Inspection Report to be Sent to: Name

Address

City State Zip

Address and complete legal description of property for which permit is used:

Number of Bedrooms in Home: Year Home was Built

Source of Water Private Well Public (Specify)

Name of Original Homeowner if known

Is Residence Currently Occupied Vacant (Specify how long)

OWNER/AGENT CERTIFICATION

(I), Owner/Agent (Circle One) of the dwelling at the location Described in this application do hereby certify that the sewage disposal system has been operating satisfactorily Without malfunction. The septic tank was pumped and inspected on (Date).

Date Signature

A non-refundable fee of \$310.00 shall be payable to Tri-County Health Department when the application is made.

Check # M. O. Cash Rec'd by: Date

Property Address \_\_\_\_\_

Legal Description \_\_\_\_\_

### DEPARTMENTAL RECORD SEARCH

Conducted by \_\_\_\_\_ Date \_\_\_\_\_

- |                                     |  |   |                                     |             |
|-------------------------------------|--|---|-------------------------------------|-------------|
| 1) Record on File                   | Yes <input type="checkbox"/>           | No <input type="checkbox"/>               | 8) # of Bedrooms or System Capacity | _____       |
| 2) Permit #                         | _____                                  |   | 9) Original Owner                   | _____       |
| 3) Date of Final Inspection         | _____                                  |   | 10) Installer                       | _____       |
| 4) System Type                      | Bed <input type="checkbox"/>           | Trench <input type="checkbox"/>           | 11) Water Supply                    | _____       |
|                                     | Bed (Chamber) <input type="checkbox"/> | Trench (Chamber) <input type="checkbox"/> | 12) Inspections Issued              | _____       |
|                                     | Drip <input type="checkbox"/>          | Mound <input type="checkbox"/>            |                                     | Dates _____ |
|                                     | ET <input type="checkbox"/>            |   | 13) Repair Permits Issued           | _____       |
| 5) Septic Tank Size                 | _____                                  |   |                                     | Dates _____ |
| 6) Dosing Tank Size (if applicable) | _____                                  |   |                                     |             |
| 7) Field Size (square feet)         | _____                                  |   |                                     |             |

### SITE INSPECTION

- 1) Properly Permitted Yes  No
- 2) Soil Conditions at Time of Inspection Dry  Wet  Snow Covered
- 3) Surfacing Sewage Yes  No
- 4) Tank Tees/Baffles \_\_\_\_\_
- 5) # of Bedrooms in Home \_\_\_\_\_ OR System Capacity \_\_\_\_\_
- 6) Properly Sized Based Upon # of Bedrooms OR System Capacity Yes  No
- 7) Did TCHD Representative Take a Water Sample Yes  No

Comments \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Neither Tri-County Health Department nor any of its agents or employees undertake or assume any liability to the owner of the above property, to any purchaser of the above property or any lending agency making a loan on the above property in connection with either its examination of the property or in the report.

This inspection was conducted solely for the purpose of detecting health hazards observable at the time of inspection, and does not constitute a warranty that the system is without flaw or that it will continue to function in the future. Inspections requested during periods of rain, snow cover, or when a residence is unoccupied may be of questionable value.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Environmental Health Specialist)