

# SEPTIC TANK INSPECTION FORM

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)			Soil Test No:		State Sanitary Permit No: (Required)				
Property Owner's Name			County: <b style="font-size: 1.2em;">Ashland</b>						
Address of Property		City, State		Zip Code		Property Location: ¼      ¼, S _____, T _____ N, R _____ W			
Property Owner's Mailing Address			Township:			Gov. Lot #:			
City, State		Zip Code	Phone Number		Lot #	Block #:	CSM #:	CSM Doc #	Subdivision Name:
<b>II. TYPE OF BUILDING: (Check One)</b>					Tax Number(s):				
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____									
<b>III. INSPECTION STATEMENT:</b>									
(1) Does the septic tank cover or inspection manhole(s) terminate above grade?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes; is the tank or manhole cover securely locked?    Yes <input type="checkbox"/> No <input type="checkbox"/> If No; is there sufficient soil cover over manhole?    Yes <input type="checkbox"/> No <input type="checkbox"/> (2) Is/Are the cover(s) cracked or broken?    Yes <input type="checkbox"/> No <input type="checkbox"/> (3) Is a filter present?    Yes <input type="checkbox"/> No <input type="checkbox"/> (4) Has the filter been cleaned?    Yes <input type="checkbox"/> No <input type="checkbox"/> (5) Does the tank appear to be water tight?    Yes <input type="checkbox"/> No <input type="checkbox"/> (6) Is there flow back into the tank from the drain field or dispersal unit?    Yes <input type="checkbox"/> No <input type="checkbox"/> (7) Are the baffles in place and functioning properly?    Yes <input type="checkbox"/> No <input type="checkbox"/> (8) Are all the inspection pipes covered?    Yes <input type="checkbox"/> No <input type="checkbox"/> (9) If a vent is present; does the vent pipe have an approved vent cover?    Yes <input type="checkbox"/> No <input type="checkbox"/> (10) Is/Are there any other conditions or problems that hinder the proper operation of the sanitary system that need to be Corrected?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes; explain: _____ _____ _____									
(11) Date of Inspection: _____					Time of Inspection: _____				
Volume in tank at time of inspection: _____					Does Tank need to be pumped?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date Estimated to be Pumped: _____									
<b>IV. RESPONSIBILITY STATEMENT:</b>									
I the undersigned, assume responsibility for the inspection of the onsite sewage system.									
Licensed/Credentialed Inspector Name: <b>(Print)</b>				Licensed/Credentialed Inspector Signature: <b>(No Stamps)</b>			License/Credential No:		
Inspector's Address: (Street, City State, Zip Code)					Home Phone:		Business Phone:		
<b>V. COUNTY / DEPARTMENT USE ONLY</b>									
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Date Issued:		Issuing Agent's Signature / Date:			
<b>VI. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>									
<b>This form must be returned to the Ashland County Zoning Dept., 201 W Main Street, Ashland, WI 54806</b> u/forms/pumpersinspectionform (June 2018)									