

SEPTIC SYSTEM INSPECTION and COMPLIANCE STATEMENT

PROPERTY INFORMATION											
Site Address:				Mailing Address:							
Owner Name:				City/State/Zip: «CITY							
Owner E-mail:				Owner Telephone:							
SYSTEM INFORMATION (to be completed by contractor											
System «S1» of «S2» #Bedroo		Type: Conventional Aerobic Other:									
Capacities: Septic Tank: Aerobic Unit:				Septic Tank mater				rial:	ıl: Field Type:		
(gallons) Dozing Tank:	se Trap:										
Components include Access Riser Dry Well											
(give quantity of each) Aerate											
Garbage Disposal present? ☐ Yes ☐ No Date of Last Servio									ervice:		
Garbage Disposal present? ☐ Yes ☐ No ☐ Date of Last Service: ☐ Date of This S											
Scum Layer: inches Sludge Layer: inches Gallons pumped: Recommended service interval:year										rval:years	
YES	S NO N/A	,		•	YES	NO	N//				
Discharge to ground surface	10 117	Riser intact and v	water	tight	1123		.,,,	•			
Discharge to surface water	Lid intact/in good										
Discharge to storm drainage	Baffles intact						_				
Backup to plumbing fixtures	Effluent filter pre	esent					=				
Solids in dosing tank	Effluent filter fre						=				
Odor/ponding in drain field Scum layer healt			hy								
Backflow from outlet to tank		Pump(s) in worki	ing or	der				=			
Structures over tank or field	Alarm(s) in work	ing or	der								
Lush vegetation over tank/field	Electrical control	s seal	sealed								
Frequent pumping reported		Recommended r	epairs	s done							
Past failure indicated		Comments:									
Repairs recommended: (list)											
								Show distances	s to structures		
CONTRACTOR INFORMATION											
Company Name:				Inspector Name:							
Address:				Company telephone:							
City/State/Zip:				Company e-mail:							
PROPERTY OWNER'S CERTIFICATION				INSPECTOR'S CERTIFICATION							
I certify that all components of the system identified above were inspected, tank pumped and necessary repairs made in compliance with Sec. 58-2 of the Berkeley Lake City Code on the date shown above.				I certify that this report of inspection and service of the system identified above is based on observations made on-site on the above date and that the system is in good repair and proper working order.							
Owner's signature Date				nspector's signature Date							

RETURN COMPLETED FORM TO BERKELEY LAKE CITY HALL, 4040 SOUTH BERKELEY LAKE ROAD, BY SERVICE DEADLINE TEL: 770.368.9484