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

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| **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**