

**SAMPLE**

FY \_\_\_\_\_

**SURVEY OF ON-SITE WASTE WATER DISPOSAL SYSTEMS**

Applicant: \_\_\_\_\_ City or County: \_\_\_\_\_

Address: \_\_\_\_\_ Map Reference No.: \_\_\_\_\_

Is there RAW SEWAGE on the Ground Surface? Yes \_\_\_\_\_ No \_\_\_\_\_

Where: \_\_\_\_\_ (Depict Graphically Below)



Estimated Lot Size: \_\_\_\_\_ No. of Bathrooms in Dwelling: \_\_\_\_\_

Size of System, if Known:

Gallon Tank: \_\_\_\_\_

Estimated L.F. of Field Lines: \_\_\_\_\_

Estimated Age of System in Years: \_\_\_\_\_ Has the System Been Expanded? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the graywater disposed of through the septic tank? Yes \_\_\_\_\_ No \_\_\_\_\_

Soil Type: \_\_\_\_\_

Limitations for Septic Systems? Soil Type \_\_\_\_\_ Water Table \_\_\_\_\_ Other (Explain): \_\_\_\_\_

Does the System Appear to be Operating Properly? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments and Observations?

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector