



Septic System Re-Inspection Report

PROPERTY INFORMATION			
Owners Name:			
Municipal Address:			
Phone Number:		E-mail:	
Type of Building('s) present: (select all that apply)			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Seasonal Dwelling <input type="checkbox"/> Private Cabin <input type="checkbox"/> Apartment or Duplex			
Number of Bedrooms:	Main Building _____	Private Cabin _____	
SEPTIC TANK INFORMATION			
Type of System:	<input type="checkbox"/> Class 4 <input type="checkbox"/> Treatment Unit <input type="checkbox"/> Holding Tank <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2		
Tank Accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why?	
Number of Chambers:			
Tank Pumped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why?	
Tank Size:			
Tank Material:	<input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Other		
Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures <input type="checkbox"/> Recommend Replacement		
Observations:			
Inlet Condition	<input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures		
Outlet Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures		
Effluent Filter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures	
Pump Chamber:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures	
TILE FIELD INFORMATION			
Approx. location determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?	
Visual evidence of seepage or failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
Clearance to structures driveway, parking area	<input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures		Water Source:
Clearance to nearest Lake, River or Pond	_____ FT / M	Clearance to nearest creek or stream (seasonal or permanent)	_____ FT / M
Other Observations:			
REPORT COMPLETED BY:			
Company Name:			
Technician's Name:		BCIN:	

Signature of Technician

____/____/_____
Date (MM/DD/YYYY)

I certify that I have not participated in, or been employed by a company that designed or constructed this septic system and I have no professional or financial interest in the design, construction or improvement of this septic system.