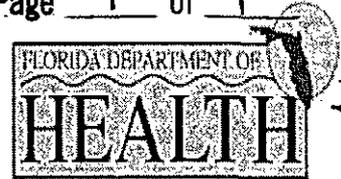




**Leon County Health Department  
Onsite Sewage Treatment & Disposal System  
Existing System Inspection Report**



**Home/Business Information**

1. Is Structure Occupied?  Yes  No

2. Type of System:  Standard  Filled  Mound  Other \_\_\_\_\_  
 ATU (Op Permit #: \_\_\_\_\_)  PBTS (Op Permit #: \_\_\_\_\_)

3. Age of System (If Known): \_\_\_\_\_

4. Type of Operation:  Residential # of Bedrooms: \_\_\_\_\_  
Square Footage: \_\_\_\_\_  
 Non-Residential (provide description of operation):  
\_\_\_\_\_  
\_\_\_\_\_

5. Has System Been Repaired?  Yes (What Year?): \_\_\_\_\_  No  
Permit Obtained?  Yes (Permit # If Known): \_\_\_\_\_  No

**Sanitary Conditions**

Pass:  Fail:

1. Sewage Discharge:  Yes  No

2. Improperly Built or Maintained Sewage Treatment Tank:  Yes  No

3. Does system create a sanitary nuisance as defined in Chapter 386, Florida Statutes?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Tanks**

Pass:  Fail:

1. Capacity: \_\_\_\_\_ gallons

2. Tank Construction:  Concrete  Fiberglass  Plastic Block  Other

3. Condition of Tank Lid, Proper Fit:  Yes  No Condition: \_\_\_\_\_

4. Outlet Baffle:  Yes  No Condition: \_\_\_\_\_

5. Effluent Filter:  Yes  No Condition: \_\_\_\_\_

6. Structural Defects of Tank:  Yes  No Condition: \_\_\_\_\_

8. Was tank filled with water to prevent floating?  Yes  No

7. Compartment Walls:  Yes  No Condition: \_\_\_\_\_

9. Indications of Previous Failure:  Yes  No

10. Was tank pumped?  Yes  No

11. Date of Previous Pumpout, if Known: \_\_\_\_\_

12. Was Tank Refilled With Water After Inspection?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Drainfield**

Pass:  Fail:

1. Size of Drainfield: \_\_\_\_\_ square feet
2. Depth of Bottom of Drainfield: \_\_\_\_\_ inches above / below existing grade (circle one)
3. Soil Type: \_\_\_\_\_
4. Location: (Attach Site Plan)
5. Configuration of Drainfield:  Trench  Bed
6. Type of Drainfield:  Mineral Aggregate  Non-Mineral Aggregate  Chambers
7. Indications of Previous Failures?  Yes  No
8. Excessive Vegetation or Trees Near Drainfield:  Yes  No
9. Downspouts or Drains Near Drainfield:  Yes  No
10. Ponding Within Drainfield:  Yes  No
11. Even Distribution of Effluent In the Drainfield:  Yes  No
12. Estimated Seasonal High Water Table in Area of Drainfield: \_\_\_\_\_ Above / Below Grade
13. Was Drainfield Hydraulically Loaded?  Yes  No If Yes, How Many Gallons? \_\_\_\_\_
14. Setbacks: Drinking Water Wells: Public: \_\_\_\_\_ Ft. Private: \_\_\_\_\_ Ft. Water Bodies: \_\_\_\_\_ Ft.
15. Was Drainfield Permitted? Yes  No  Permit # (If Known): \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Dosing Tank**

Pass:  Fail:

1. Dosing Tank Integrity: \_\_\_\_\_ Size: \_\_\_\_\_
2. Dosing Tank Construction:  Concrete  Fiberglass  Plastic  Other \_\_\_\_\_
3. Are Pumps off the Bottom of Tank?  Yes  No
4. Are Pumps Operating Properly?  Yes  No
5. Is Check Valve in Good Condition?  Yes  No
6. Is Purge Hole Present?  Yes  No
7. High Water Alarm: Type: \_\_\_\_\_ Location: \_\_\_\_\_ Condition: \_\_\_\_\_
8. Electrical Connections Satisfactory:  Yes  No
9. Can Surface Water Infiltrate Tank?  Yes  No
10. Was Pump Tank Pumped Out?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Laundry / Grey Water Tank**

Pass:  Fail:

- 1. Was Laundry Tank Pumped?  Yes  No
- 2. Structural Defects  Yes  No
- 5. Tank Construction:  Concrete  Fiberglass  Plastic  Block  Other \_\_\_\_\_
- 3. Separate Drainfield?  Yes  No
- 4. Size of Drainfield: \_\_\_\_\_ square feet
- 5. Type of Drainfield:  Standard  Filled  Mound  Other \_\_\_\_\_
- 6. Drainfield Configuration:  Trench  Bed

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Conclusions**

System Appears To Be In Failure\*

- Yes
- Sanitary Nuisance Evidenced By: \_\_\_\_\_
  - Tank(s) Evidenced By: \_\_\_\_\_
  - Drainfield Evidenced By: \_\_\_\_\_
  - Dosing Tank(s) Evidenced By: \_\_\_\_\_
  - Laundry System Evidenced By: \_\_\_\_\_
  - Graywater System Evidenced By: \_\_\_\_\_

No

\* Failure as defined in Chapter 64E-6(23), Florida Administrative Code

Recommended maintenance that needs to be performed on the system at this time:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This report is based on a visual inspection and DISCLAIMS ANY WARRANTY, either expressed or implied, arising from the inspection of the on-site sewage treatment and disposal system or this report.

PASS:       FAIL:       NEEDS REPAIR

Signature of Inspector: \_\_\_\_\_

Inspector's Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

State of Florida License / Registration #: \_\_\_\_\_

Leon Inspection Certification: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_