

SOIL ABSORPTION FIELD TYPE:

Circle One:

Subsurface	Chambers	Stone & Pipe	Gravelless Pipe
Elevated	Sand Mound	ATL	Presby

Size of soil treatment area: _____ **Equally Saturated:** Yes or No

Proper soil cover: Yes or No **Absorption Area Condition:** Wet or Dry

Any concerns (list below)

DID THE INSPECTION REVEAL ANY EVIDENCE OF THE FOLLOWING:

Surface discharge of sewage effluent to the ground or body of water: Yes No

Moist, wet, spongy or overloaded soil treatment area: Yes No

Any evidence of a seepage pit, drywell, or any other non-compliant tank or treatment device: Yes No

Any evidence of a sewage backup: Yes No

If **"yes"** was answered to any of the above, please explain:

Recommend System Repair -

Recommend System Replacement -

Was there any maintenance completed today? If so, please explain:

INSPECTION PERFORMED BY : _____

INSPECTOR PHONE NUMBER: _____

PROPERTY OWNER SIGNATURE: _____ (If present at time of inspection)

Grant County Health Department
401 S. Adams St.
Marion, IN 46953
Phone : (765)-651-2401 Option 1 Email: environmental@grantcounty.in.gov

COMPLIANCE INSPECTION FOR EXISTING ONSITE SEWAGE DISPOSAL SYSTEM

SITE DRAWING IS REQUIRED AND MUST BE ATTACHED

Inspection Date: ____/____/____ Property Owner: _____

Site Address: _____

Owner Phone: _____ Email: _____

Does the Health Department have a permit on file for this property? Yes or No

Permit #: _____

REASON FOR INSPECTION:

Building Permit _____ Property Transfer _____ Complaint _____ Maintenance _____
Other _____

WEATHER CONDITION AT TIME OF INSPECTION: Wet or Dry

INFORMATION ON DWELLING:

Number of Bedrooms: _____ Number of Occupants: _____
Garbage Disposal: Yes or No # of Jetted Tubs: _____
Is property vacant at time of inspection : Yes or No

IF OWNER IS CHANGING DWELLING:

Number of Proposed Bedrooms: _____
Garbage Disposal: Yes or No

CONDITION OF SEPTIC TANK:

Size of tank: _____ Gallons Tank type: _____ 2 compartment tank: Yes or No

Water tight: Yes or No Baffles in place: Yes or No Risers to grade: Yes or No

Childproof plug: Yes or No

Does this system have a dosing tank: Yes or No Size of dosing tank: _____ Gallons

Tank type: _____ High water alarm in place/working: Yes or No

Effluent pump in place/working: Yes or No Pump manufacturer: _____

Root Infiltration: Yes or No Concrete deterioration: Yes or No

Any concerns (list below)
