

# **PRIVATE SEWAGE EVALUATION FORM**

(FOR OPERATIONAL INSPECTORS)

Inspection date: \_\_\_\_\_ **Closing Date** \_\_\_\_\_

**Buyers Name** \_\_\_\_\_ Buyers Phone Number \_\_\_\_\_

Owners Name: \_\_\_\_\_ Owners Phone Number \_\_\_\_\_

Realtor \_\_\_\_\_ Realtor Number \_\_\_\_\_

Address or FAX number to send report for signatures \_\_\_\_\_

Legal Desc: \_\_\_\_\_ Pin # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Township: \_\_\_\_\_ Public Sewer Y N Public Water Y N

Permit # \_\_\_\_\_

## **GENERAL INFORMATION:**

House Vacant? Y N How long? \_\_\_\_\_

# of Bedrooms \_\_\_\_\_

(any room with a closet or a room that is used for sleeping)

All wastewater to septic? Y N\*

Per homeowner, slow draining plumbing or

backups EVER? Y\* N

Clearwater discharge to septic? Y\* N

Downspouts toward septic? Y\* N

Garbage Disposal? Y\* N

## **SEPTIC TANK INFORMATION:**

Septic Tank Last Pumped \_\_\_\_\_

Pumped by \_\_\_\_\_

As verified by \_\_\_\_\_

Filter Y N Type \_\_\_\_\_

Tank Capacity \_\_\_\_\_ Depth \_\_\_\_\_

Riser Present? Y N\*

Cesspool(s)? Y\* N

## **WATER SUPPLY:**

Private Semi-Private Public

All setbacks met? (septic tanks, system, cesspools, neighbors and subject property) Y N\*

Abandoned wells, cisterns? Y\* N

## **SUBSURFACE SYSTEM INFORMATION:**

Type of System: \_\_\_\_\_

Evidence of Failure? \_\_\_\_\_\*

System Malfunctioning Y\* N

Saturated with Sludge? Y\* N

Sludge in system? Y\* N

Illegal Discharge? Y\* N

# **PRIVATE SEWAGE EVALUATION FORM**

(FOR OPERATIONAL INSPECTORS)

---

## **BSF OR AEROBIC INFORMATION:**

Water Run \_\_\_\_\_/hrs, per \_\_\_\_\_

Chlorine access and feeder sleeve/holding unit

acceptable? Y N\*

Sample Port Provided? Y N\* N/A\*

Outlet pipe exposed? Y N\*

Vent stack acceptable? Y N\* N/A\*

Maintenance Agreement? Y N\*

Annual Testing Required? Y N

Why? \_\_\_\_\_

Alarm Operational? (visual, audible) Y N\*

Lift Station Alarm? Y N\* N/A

(not required at time of permit)

Discharge to? \_\_\_\_\_

(Evaporation Bed, direct discharge, etc.)

---

## **EFFLUENT CONDITIONS:**

Flow Y N

Sample Collected Y N

Chlorine Provided Y N\*

Chlorine Residual Y N\*

Odor Y\* N

Floating Debris, Oil, Sludge Y\* N

Visual Standards Met Y N\*

Fecal Coliform \_\_\_\_\_cfu/100ml

---

**\*Any item that is marked with an asterisk requires a comment or correction.**

**A diagram of the system must accompany this report.**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Corrections:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIVATE SEWAGE EVALUATION FORM**

(FOR OPERATIONAL INSPECTORS)

**Recommendations:** The Tazewell County Health Department recommends that septic tanks be pumped every 3 years, and have a licensed pumper/contractor verify conditions of baffle(s). The TCHD recommends that no additives be utilized in the septic system. TCHD also recommend that the buyer attend the septic maintenance training offered by TCHD. To register, please call (309) 925-5511, ext. 272.

Tazewell County Ordinance 6 TCC 1-5 requires that any necessary repair or replacement revealed by the inspection shall be completed by, or provided for, escrowed funds at the closing on the sale of the property. Whoever orders the inspection must within 30 days of the issuance of the report, provide the TCHD with a copy of the report signed by both the buyer and seller prior to closing.

Inspector signature: \_\_\_\_\_ Date \_\_\_\_\_

Seller or Seller representative signature: \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature: \_\_\_\_\_ Date \_\_\_\_\_