

- g. Type of alarm: Audio Visual Both
- h. Do electrical connections appear satisfactory? Yes No
- i. Was the pump/ATU tank cleaned? Yes/Pass No/Fail
- j. If an ATU, is the motor working? Yes/Pass No/Fail
- k. If an ATU, is there a current operation & maintenance agreement in place? Yes No

14. Was the soil treatment area probed to determine its location and to check for excessive moisture, odor, and/or effluent? Yes No
- a. Any area subject to serious erosion? Yes No
 - b. Any area subject to compaction? Yes No
 - c. Any indication of previous failure? Yes No
 - d. Seepage visible on the surface of the field? PASS FAIL
 - e. Is improper vegetation present? Yes No
 - f. Heavy saturation in the distribution media? Yes No
 - g. Even distribution of effluent in the field? Yes No
 - h. Snow cover over the absorption area? Yes No
 - i. Irrigation present on absorption area? Yes No

15. Distance between water well and soil treatment area: _____ Feet

16. Inspection results of OWTS:

- Acceptable (no repairs required)
- Unacceptable (repairs required)**
- Repairs required**

Photo Documentation required for of all instances of malfunctions/failures and of any repairs made

Explain/define repairs needed or repairs made.: _____

Complete system replacement required. Explain: _____

Further exploratory work is required. Explain: _____

IV. SKETCH OF SYSTEM

Make an accurate sketch of the entire system that shows a north arrow, the location of the dwelling or structure(s) with two triangulated distance measurements to the septic tank lid(s) or GPS coordinates. Include sewer location to structure, septic tank(s), lift station, and soil treatment area. Include all pertinent setback locations, such as lakes, rivers, irrigation ditches, and all water wells.

Note: LCPHA does NOT accept use of final drawings from existing permits, unless a copy is signed and dated by the inspector with a clear statement they have verified all locations and measurements to be true and accurate.

By signing this form, I hereby verify that I am a NAWT or NSF-certified inspector who personally conducted the inspection of this property.

Certified NAWT Inspector Signature: _____ Date: _____