USE PERMIT INSPECTION REPORT

To apply for a Use Permit, submit this completed form along with processing fee. Application will be processed within 7 - 10 business days of submitting completed form.

**NOTES:** Not all systems need an inspection.
Inspections are not required to be performed on properties where:
1) The septic system was installed and approved within 5 years of closing date.
2) Owner has obtained a permit to repair the system.
3) Subject system was installed but has never been used.

For property transfers involving multiple systems: Each system on property must obtain a separate Use Permit and so must receive independent inspections.

<table>
<thead>
<tr>
<th>Current owner:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Buyer (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Applicant:</td>
<td>Appl. Phone:</td>
</tr>
<tr>
<td>Appl. E-mail:</td>
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<tr>
<td>Site Address:</td>
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</tr>
<tr>
<td>Legal Description:</td>
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<tr>
<td>Email Copies to all indicated Email addresses:</td>
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<tr>
<td>Size of the property: _______ acres</td>
<td></td>
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<tr>
<td>Type of building or structure (if commercial, list all uses or tenants):</td>
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<tr>
<td>Single Family/ Multi Family/ Commercial/ Outbuilding/ Not Yet Constructed</td>
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</tbody>
</table>

Use Permit Required for: □ Property Transaction □ Addition/Remodel

**I. GENERAL INFORMATION** (to be completed by owner or owners agent)

1. Date Onsite Wastewater Treatment System installed (Finaled) Date______________ □ Unknown
2. Type of OWS □ Tank & Field □ Vault □ Incinerator □ Other ________________
3. System Permitted □ Yes □ NO Original Permit #: OWS_______
4. Water Softener □ Yes □ No
5. Garbage Disposal □ Yes □ No
6. Grease Trap □ Yes □ No
7. In Home Business □ Yes □ No Type: ________________
8. Flow Meter □ Yes □ No

9. Number of Bedrooms in House
   Number Listed on OWTS Permit ______ □ No permit exists
   Number Listed in Assessor’s Records ______

10. House Currently **Occupied**?
    □ Yes □ No If No, how long unoccupied?:_______ (# of Months)
11. Has a Sewage Backup Ever Occurred?  □ Yes  □ No

If yes, please explain:

12. Is there a service contract for system components?  □ Yes  □ No  Company ____________________________

13. List any known repairs to the system

Year ______________ Permit# _________________

14. Date septic tank last pumped

Company ______________ Frequency ______________

15. Water supplied by a well:

   □ Yes  □ No

   Potability test of well water analyzed within past 12 months

   □ Yes  □ No

   Potability test results

   □ Pass  □ Fail  *A pass or fail here does not indicate a pass or fail for the inspection*

The above information is true to the best of the owner’s knowledge.

Owner/Agent: ________________________________ Date: ____/____/_______
SECTIONS II and III- Components of Onsite Wastewater System- to be completed by Use Permit inspector (any items checked in bold must include an explanation under section III, # 14)

II. SYSTEM TYPE

1. Lift Station
   Type: Concrete/Plastic/Metal/Fiberglass/NA
   Capacity (gal) ________

2. Pretreatment Unit (Septic Tank)
   Type: Concrete/Plastic/Metal/Fiberglass/NA
   Capacity (gal) ________
   Manufacturer

3. Higher Level Treatment Unit
   Type: Aeration/Membrane/Sand/Filter/NA/Other
   Capacity (gal) ________
   Manufacturer

4. DOSE TANK:
   Siphon/Pump Tank
   Capacity (gal) ________

5. Soil Treatment Unit:
   Type: Gravel/Chamber/Mound/Drip/Seepage Pit/Unknown/No Field/Other
   Area (Ft²) _____________

6. Vault (see instructions):
   Type: Concrete/Plastic/Metal/NA
   Capacity (gal) ________
   Manufacturer
   Warning Device
   □ Pass □ FAIL

7. Privy
   Type: Pit/Vault/NA
   Water supplied fixtures in the home □ YES □ No

8. Additional Components:

9. Gray Water discharge
   (If separate from OWS) □ None □ SURFACE □ SUBSURFACE □ VAULT

III. EVALUATION PROCEDURES

1. Locate, access, and open the septic tank cover □ Pass □ FAIL
2. If at grade, is tank cover secure □ Pass □ FAIL
3. Can surface water infiltrate into tank(s) □ Yes □ No
4. Leaking water fixtures in the facility □ Yes □ No
5. Any indicators of previous tank failure □ YES □ No
6. Inspect lid, measure sludge & scum level □ Yes □ No
7. Effluent filter present (required after 6/2000) □ Yes □ No
8. Run an operation test:
   Gallons added in the operation test □ Yes □ No
   Does water backflow into tank from field □ YES □ No
9. Pump out primary treatment (septic) tank
   How many gallons ______________________
   □ Pass □ FAIL
10. Condition of the septic tank
    Inspect condition of inlet and outlet baffles □ Pass □ FAIL
    Comments (cracks, deterioration, infiltration, or damage):

____________________________________________________________________________________
11. Does the system contain a siphon or a pump
   - ☐ Siphon ☐ Pump ☐ No
   - If so, was the condition of the tank checked
     - ☐ Yes ☐ No
     - Comments:
       a. Is the pump elevated off the bottom of the chamber
         - ☐ Yes ☐ No
       b. Does the siphon or pump work
         - ☐ Pass ☐ FAIL
       c. Does the alarm work
         - ☐ Pass ☐ FAIL
       d. Is there a high water alarm
         - ☐ Yes ☐ No
       e. Type of alarm
         - ☐ Audio ☐ Visual ☐ Both
       f. Do electrical connections appear satisfactory
         - ☐ Yes ☐ No
       g. Was the pump tank cleaned
         - ☐ Yes ☐ No

12. Was the soil treatment area probed to determine its location and
    to check for excessive moisture, odor, and/or effluent?
   - ☐ Yes ☐ No ☐ NO SOIL TREATMENT AREA
   - If NO, why not________________________________________
     a. Any area subject to damaging erosion
       - ☐ Yes ☐ No
     b. Any part of field subject to compaction (Ex.: driveway)
       - ☐ Yes ☐ No
     c. Any indication of previous failure
       - ☐ YES ☐ No
     d. Seepage visible on the surface of the field
       - ☐ YES ☐ No
     e. Improper vegetation present (trees, large shrubs)
       - ☐ Yes ☐ No
     f. Heavy saturation observed in the distribution media (standing
        water in vents)
       - ☐ YES ☐ No
     g. Even distribution of effluent in the field
       - ☐ Yes ☐ No ☐ Unknown
     h. Snow cover over the absorption area
       - ☐ Yes ☐ No
     i. Irrigation present on absorption area
       - ☐ Yes ☐ No
     j. Suspect Shallow ground water in area
       - ☐ YES ☐ No
     k. If undocumented system, was field area/depth identified
       - ☐ Yes ☐ NO ☐ NA

13. Distance between water well and soil treatment area
   - Feet ___________

14. Inspection Results of OWTS:
   - ☐ Acceptable (No Repairs Needed)
   - ☐ Acceptable (Repairs Needed- completed during inspection/visit)
     ✓ Explain/Define Non Permit Repairs that were done
       ____________________________________________________________
       ____________________________________________________________
       _____________________________

   - ☐ UNACCEPTABLE (Repairs Required)
     ✓ Explain repair work required
       ____________________________________________________________
       ____________________________________________________________

   - ☐ UNACCEPTABLE (Further Exploratory Work Required)
     Explain____________________________________________________

| Inspector: | Date of Inspection: | Cert. #: |
| Company: | | Phone#: |

Inspector Signature: _______________________________ Date: ____/____/_____
IV. SKETCH OF SYSTEM (to be completed by Use Permit inspector or attach as-built)

<table>
<thead>
<tr>
<th>Schedule #</th>
<th>EHS Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is an operating permit required for system? Yes  No</td>
<td>Current operating permit? Yes  No</td>
</tr>
<tr>
<td>Additional Comments for Permit:</td>
<td></td>
</tr>
</tbody>
</table>

| General Notes: |

| ☐ Use Permit Denied | Reason: |
| ☐ Use Permit Approved By: | Date: |