

Sewage System
 Inspection Type:
 Final
 Construction
 Affidavit

OWNER: _____

PERMIT # _____

T _____ N, R _____ E/W, Section _____ PROPERTY TAX ID # _____ - _____ - _____ - _____
 TOWNSHIP _____ LOCATION _____
 SUBDIVISION _____ BLOCK _____ LOT # _____

INSPECTED: Y ___ N ___ DATE: _____

INSTALLER: _____ DATE INSTALLED: _____

WELL INSTALLED ON PROPERTY: Y ___ N ___

1. Sewer Line: Material _____ Distance to well _____ ft; Not Installed _____
2. Septic Tank: No. of tanks ___; Total Capacity _____ gal; Material _____; Distance to well _____ ft;
 Manufacturer _____; Outlet Baffle yes ___ no ___; Effluent Filter yes ___ no ___
3. Lift/Dosing Chamber: Siphon ___ Pump ___; Chamber Material _____; Distance to well _____ ft.
 Manufacturer _____
4. Secondary Treatment: Type _____; Distance to well _____ ft.;
 Manufacturer _____ Model #: _____
 Purchased from: _____
5. Absorption Field: Distance to well _____ ft.
 Header ___; (level? yes ___ no ___); footer ___; distribution box _____.
 Fill: Type _____; depth beneath field _____ ft; total depth _____ ft
 Pipe/Stone: Bed _____ sq. ft.; Trenches _____ sq. ft; trench width _____ ft
 Total Area: (include berm and taper) _____ sq. ft.
 Pipe: Material _____; Lineal ft. _____
 Laterals: Feet O.C. _____; Number of laterals _____;
 Aggregate: Type _____ Size range _____ in; Amount _____ cu.yds;
 Source _____
 Depth: above pipe _____ in.; below pipe _____ in.
 Chambers:
 Number of chambers _____; Number of rows/trenches _____; Trench width _____ ft; O.C. _____ ft
 End caps? yes ___ no ___ Manufacturer/Model _____
 Number of chambers meets minimum size requirement of permit Yes ___ No ___
6. Abandonment: yes ___ no ___ n/a ___ Comments: _____

The undersigned certifies that all authorized work has been installed in accordance with the LMAS District Health Department Superior Code requirements and the construction permit listed above.

FIRM _____ DATE _____

AUTHORIZED SIGNATURE: _____

*****OFFICE USE ONLY*****

APPROVED _____ DISAPPROVED _____ AFFIDAVIT RETURN DATE _____

COMMENTS/NONCOMPLIANCE ITEMS: _____

SANITARIAN: _____ DATE: _____