CITY OF COUNCIL GROVE · 205 UNION STREET · PO BOX 313
COUNCIL GROVE, KS 66846 · 620-767-5417 · COUNCILGROVE.COM

SEPTIC SYSTEM INSPECTION REPORT

Date of Service: _____ Reason for Inspection: Annual: _____ Service Call: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Property Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different)

SYSTEM INFORMATION

Septic System Type: Anaerobic / Aerobic (ATU) Installation Date: _____ Last Pump Out Date: _____

Blower / Aerator Brand & Size: _____ Model #: _____ Serial #: _____

EQUIPMENT OPERATION

A. Septic Tank

Tank Size: _____ No. of Compartments: _____ Tank Access at Grade: Y / N Riser Installed: Y / N

Condition of Lid(s): _____ Evidence of Leakage: Y / N If so, where: _____

Effluent Filter: Y / N If present, Filter Cleaned: Y / N Inlet Baffle Intact: Y / N Outlet Baffle Intact: Y / N

Comments: _____

_____

B. Blower/ Aerator

Air Inlet Filter Clean: Y / N Blower Hood Vent Clear: Y / N Excessive Noise or Vibration: Y / N

Comments: _____

_____

C. Pump Out Required Y / N

Sludge Depth: Primary Settling Zone: _____ Secondary/Aerobic Treatment Zone: _____

D. Disposal

Number of Gallons Removed: Primary Settling Zone: _____ Secondary/Aerobic Treatment Zone: _____

Land Application: Y / N Land Application Site (County, Section, Twp, Range): _____

Municipal Plant (Location): _____

MAINTENANCE COMMENTS

Please describe site condition, maintenance performed, safety issues or other concerns: _____

_____

_____

_____

_____

_____

CERTIFICATION: I hereby certify that I have performed the above stated work &/or directly supervised others in the performance of this job.

NAME OF INSPECTION COMPANY: _____ INSPECTION DATE: _____

TECHNICIAN NAME: _____ TECHNICIAN SIGNATURE: _____

HOMEOWNER SIGNATURE (if available): _____ DATE: _____