

West Earl Township

OLDS Inspection Report

This information must be completed by a licensed septage hauler at the time the system is pumped out or by the Township Sewage Enforcement Officer. Please complete all requested information on this form. Failure to provide all requested information may result in the form being returned or the permit being delayed.

System Owner: _____

Date of Inspection: _____

Owner Address: _____

System Location: _____

(If different than
owner's address) _____

Owner Phone: _____

Inspected By: _____

Owner Present During Inspection: Y / N

System Components: (check all that apply)

☐ Septic Tank Size & Material: _____ Outlet Baffle: Y / N

☐ Aerobic Tank Size: _____

☐ Pump Tank Alarm Enabled: Y / N Pump or Siphon?

☐ Cesspool

☐ Sand Mound Dimensions: _____

☐ In Ground Bed or Trenches Dimensions: _____

☐ Spray Irrigation System

☐ Holding Tank Size & Material: _____

☐ Privy (Outhouse)

☐ Denitrification Unit

☐ Other Describe: _____

Provide detailed sketch of system on reverse side, including dimensions from fixed objects.

Inspection:

Signs of Malfunction: Y / N Describe: _____

Grey Water Discharge: Y / N Describe: _____

Other Comments:

Signature of Inspector

Signature of Owner