

General Information (to be completed by owner)

1. System Permitted Permit# _____
2. Type of OWTS Tank & Field Vault Lagoon Other _____
3. Water Softener Yes No
4. Garbage Disposal Yes No
5. Grease Trap Yes No
6. In Home Business Yes No
7. Number of Bedrooms in Structure(s) _____
Additional Structure(s) with Plumbing _____
8. House Currently Occupied? Yes No
9. Has a sewage backup every occurred? Yes No
If yes, please explain: _____
10. Is there a service contract for system components? Yes No
11. List any know repairs to the system: _____
 - a. Year _____ Permit # _____
12. Date septic tank pumped: _____ Company: _____
13. Water supplied by a well Yes No
 - a. Potability test of well water analyzed within past 12 months Yes No
 - b. Potability test results Pass Fail *A pass/fail does not indicate pass/fail for inspection*

Printed Name of Property Owner/Seller: _____

Signature of Property Owner/Seller: _____

Date: ____/____/____

Owner authorizes Agent to receive information: Initial Here: _____

Printed Name of Authorized Agent: _____

Signature of Authorized Agent: _____

Date: ____/____/____