

PRIVATE SEWAGE EVALUATION FORM

FORM MUST BE COMPLETE OR WILL BE RETURNED

THIS INFORMATION SECTION MUST BE COMPLETE OR THE FORM WILL BE RETURNED

Inspection date: _____ Closing Date _____

Buyers Name: _____ Buyers Phone Number _____

Buyers Email: _____

Owners Name: _____ Owners Phone Number _____

Owners Email: _____

Realtor: _____ Realtor Number: _____

Realtor Email: _____

Address, email or FAX number to send report for signatures _____

Legal Desc: _____ Pin # _____ - _____ - _____ - _____

Property Address: _____ City/Zip _____

Township: _____ Public Sewer Y (within 200' for residential) N Public Water Y N

Permit # _____ (if applicable)

SYSTEM EVALUATION (CHECK ALL THAT APPLY)

FUNCTIONAL

FUNCTIONAL WITH COMMENTS

NOT FUNCTIONAL

NEEDS FURTHER EVALUATION

REQUIRED CORRECTIONS

NO REQUIRED CORRECTIONS

GENERAL INFORMATION:

House Vacant? Y N How long? _____

of Bedrooms _____

(any room with a closet or a room that is used for sleeping including basement bedrooms)

All wastewaters to septic? Y N*

Outbuilding wastewater to septic?

Y N* N/A (if no wastewater in outbuildings)

Garbage Disposal? Y* N

Per homeowner, slow draining plumbing or backups EVER? Y* N Unknown

Garage wastewater to septic?

Y N* N/A (if no wastewater in garage)

Water Softener to septic tank? Y N N/A

Clearwater discharge to septic? Y N N/A

(Perimeter tile, dewatering systems, etc.)

Downspouts toward septic? Y* N N/A

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SEPTIC TANK INFORMATION:

Tank Capacity _____ Depth _____

Septic Tank Last Pumped _____

Pumped by _____

As verified by _____

Condition of Baffles _____ Inlet _____ Outlet _____

Filter Present? Y N

Riser Present? Y N*

Cesspool(s)? Y* N

WATER SUPPLY:

Private Semi-Private Public

All setbacks met? Y N*

(septic tanks, system, cesspools, neighboring and subject property water wells, geothermal/closed loop wells)

Abandoned wells, cisterns? Y* N

SUBSURFACE SYSTEM INFORMATION:

Type of System: _____

Evidence of Failure? _____*

System Malfunctioning Y* N

Water Run _____/mins, per _____

Saturated with Sludge? Y* N

Sludge in system? Y* N

Prohibited Discharge? Y* N

BSF OR AEROBIC INFORMATION:

Water Run _____/mins, per _____

Discharging? Y N

Chlorine access and feeder sleeve/holding unit acceptable? Y N*

Chlorine contact tank clear? Y N* N/A*

Sample Port Provided? Y N* N/A*

Outlet pipe exposed? Y N*

Vent stack acceptable? Y N* N/A*

Maintenance Agreement? Y N*

Annual Testing Required? (Answer Yes for BSF's and Aerobics that surface discharge within 50' of down slope lot line.) Y N

Why? _____

Alarm Operational? (visual, audible)

Y N* N/A

Lift Station Alarm? Y N* N/A
(not required at time of permit)

Discharge to? _____
(Evaporation Bed, direct discharge, etc.)

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Distance from discharge outlet, evaporation bed or effluent reduction trenches to lot line(s)

_____.

Any discharge of effluent or system components located on adjacent parcels? If so a recorded easement must be provided. Y* N N/A

EFFLUENT CONDITIONS:

Flow	<input type="checkbox"/> Y	<input type="checkbox"/> N	Odor	<input type="checkbox"/> Y*	<input type="checkbox"/> N
Sample Collected	<input type="checkbox"/> Y	<input type="checkbox"/> N* <input type="checkbox"/> N/A*	Floating Debris, Oil, Sludge	<input type="checkbox"/> Y*	<input type="checkbox"/> N
Chlorine Provided	<input type="checkbox"/> Y	<input type="checkbox"/> N*	Visual Standards Met	<input type="checkbox"/> Y	<input type="checkbox"/> N*
Chlorine Residual	<input type="checkbox"/> Y	<input type="checkbox"/> N*	Fecal Coliform _____	cfu/100ml	

***Any item that is marked with an asterisk requires a comment or correction.**

A diagram of the system must accompany this report. Please provide revisions to the diagram if needed. Indicate on your diagram the lot line(s) with respect to the septic systems location.

Comments: _____

Code Violations: _____

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Tazewell County Ordinance 6 TCC 1-5 Compliance and Performance (d) an operational inspection is required for any private sewage disposal system, which is part of a sale of property or an exchange of ownership prior to closing. Any necessary repair or replacement revealed by the inspection shall be completed by, or provided for, by escrowed funds at the closing on the sale of the property. Within 30 days of the closing; a copy of the report signed by the buyer must be provided to the department.

Tazewell County Ordinance 6 TCC 1-5. Compliance and Performance (e) requires that when an operational inspection is completed, the new owner for the property shall receive training approved by the Health Department regarding maintenance of their septic system. This training must be completed within 60 days of closing. Training will be waived if the new owner has attended training within the previous 12 months of closing. For more information on how to complete septic training, please call (309) 925-5511, ext. 272.

Tazewell County Ordinance 6 TCC 1-5. Compliance and Performance (x) Private sewage septic tanks shall have a pumping evaluation a minimum of once every 5 years.

Tazewell County Ordinance 6 TCC 1-5. Compliance and Performance (g) An operational inspection may be conducted by a private sewage disposal installation contractor registered with the Tazewell County Health Department or an authorized representative of the Health Department. Operational inspection forms provided by the Health Department shall be completed and signed by the inspector and returned to the Health Department for review. Sufficient data shall be included to determine if the septic system is in compliance with this ordinance. When septic systems are not in compliance with the Ordinance, the Tazewell County Health Department or authorized representative of the Health Department will complete additional operational re-inspections to insure compliance.

Tazewell County Ordinance 6 TCC 1-5. Compliance and Performance (f) Operational inspections are valid for 90 days.

Recommendations: TCHD recommends that no additives be utilized in the septic system.

Printed Inspector's Name: _____ License #: _____

Inspector signature: _____ Date _____

Seller or Seller representative signature: _____ Date _____

Buyer Signature: _____ Date _____

Property Address: _____ City: _____

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