## **ONSITE WASTEWATER SYSTEM REPORT**

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COMPANY PH. #			1	
Date:	Invoice:	AOWB License#:		
Site Address:		City:	Zip Code:	
History:		System type:		
Vacant?	Occupied?	☐Conventional?	☐Advanced system (type/manufacturer?)	
# of Bedrooms?		Demand Pump System?	☐ Laundry on system?	
People currently/rec Age of the home/sys	ent if more tem?	☐ Tanks in series?	☐More than one system?	
Last Cleaning?				
Past Repairs? If yes,	When/What?			
Problems in the last			,	
☐ Drains?		-		
☐ Wet Spots?				
☐ Odors?				
	•			
SELLER:	E.	MAIL/PHONE:		
	JYER: EMAIL/PHONE:			
CLOSING DATE:				
Flow test approximate Water entered from		Unable to Test		
Wet spots/eruptions	observed? Lawr	Natural area/leaves co	vering	
Lids in good condition	n? Yes?No?	Unable to observeEx	plain	
Outlet Tee in good co	ondition? Yes?No	o?Unable to observe	·	
Effluent Filter? Yes?	No? Did	you clean?		
Baffle Wall in Good c	ondition? Yes?N	o? Unable to observe		
Washer connected to	o: ST GT	FL Unable to Test		

## \*Disclaimer\*

Septic Systems are subterranean; therefore, it is impossible to determine their overall condition. Also, when no water is entering the field lines, i.e., if the house is vacant, a determination of their status is difficult. No prediction can be made as to when a system might fail. This report comments on the workability of the system on the day of inspection only and is in no way intended to be a warranty. Workability can be altered by factors such as: excessive rainfall, heavy water usage, faulty plumbing, neglect, or physical damage to the system. All tanks require pumping maintenance.