



Pre-Cover Inspection Form

Common Name / Site Address: _____ Date of Inspection: _____

Start Time: _____ End Time: _____ Approved for Cover: Yes No

Inspector: _____ Notes: _____

<p style="text-align: center;"><u>Septic Tank</u></p> <p>Tank Purpose: _____</p> <p>Req'd. Min. Vol.: _____ Tank Vol. : _____</p> <p>Leak Tested: Yes No</p> <p>Baffle Present: Yes No</p> <p>Model: _____</p> <p>Inspection Port: Yes No</p> <p>Outlet Filter: Yes No Outlet Filter Make: _____</p> <p>Manufacturer: _____</p> <p style="text-align: right;">Satisfactory: Yes No</p>	<p style="text-align: center;"><u>Pump</u></p> <p>Make / Model: _____</p> <p>Pump Chamber Vol.: _____ # of Floats _____</p> <p>Drawdown: _____</p> <p>Alarm Tested: Yes No</p> <p>Timed Dosing: Yes No</p> <p style="text-align: right;">Satisfactory: Yes No</p>
<p style="text-align: center;"><u>Sewer Line</u></p> <p>Diameter: _____</p> <p>Material: _____</p> <p style="text-align: right;">Satisfactory: Yes No</p>	<p style="text-align: center;"><u>Trench Dispersal Area</u></p> <p># of Trenches: _____ Tot. Trench Length: _____</p> <p>Width of Trenches: _____</p> <p>Installation Depth: _____ to _____</p> <p>Trench Spacing: _____ Media Type: _____</p> <p>Gravel-less Model: _____</p> <p style="text-align: right;">Satisfactory: Yes No</p>
<p style="text-align: center;"><u>Distribution</u></p> <p>Method: Distribution Box Drop Box</p> <p>Material: _____</p> <p>Number of Ports: _____</p> <p>Manufacturer: _____</p> <p style="text-align: right;">Satisfactory: Yes No</p>	<p style="text-align: center;"><u>Notes</u></p> <p>Reminder: Verify the layout and the materials match submitted as-built <input type="checkbox"/> Use laser to verify proper elevations <input type="checkbox"/> Use tape measure to verify length of at least 1 drainfield trench <input type="checkbox"/> Take pictures of baffles, and each component of the septic system <input type="checkbox"/> 6" Fall required to Distribution Box. 2" Fall required to drop box <input type="checkbox"/> Min. Trench Depth = 18" Equal; 24" Serial; Max. Depth = 36" <input type="checkbox"/></p>