



Seneca County General Health District

Real Estate Septic Inspection Checklist

PROPERTY INFORMATION

Property address:						City:			
Current owner:				Email:			Phone:		
Number of bedrooms:		Permit on file:		Yes	No	Age:		Well isolation(ft):	
Sources of black/gray water in any outbuildings:				Bathroom		Sinks		Floor drains	

APPLICANT INFORMATION

Name:				Mailing address:			
Email:				Phone:			

REAL ESTATE AGENT INFORMATION

Name:				Agency:			
Cell phone:				Email:			

PRIMARY TREATMENT

Septic tank: Capacity:			
Lid visible:	Yes	No	
Riser required:	Yes	No	
Proper water level:	Yes	No	
Require pumping	Yes	No	
Tank condition:	Good	Poor	Replace

Aeration unit: Manufacture:			
Motor operational:	Yes	No	
Alarm operational:	Yes	No	
Disinfection present:	Yes	No	
Proper water level:	Yes	No	
Require pumping:	Yes	No	
Tank condition:	Good	Poor	Replace

SECONDARY COMPONENTS

Leachfield:	Lineal feet:	D-box to grade:	Yes	No	
Subsurface filter bed:	Filter material:	Size:	Cleanout:	Yes	No
Mound:	Distribution components condition in good condition:			Yes	No
Other:					
Undeterminable:					

GENERAL CONDITIONS

House vacant:	Yes	No	
All plumbing fixtures connected:	Yes	No	
Sump pump connected to HSTS:	Yes	No	
Water softener connected to HSTS:	Yes	No	
Observed sewage effluent discharge:	Yes	No	
System dye tested:	Yes	No	Results:

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Comments and Recommendations

Please make drawing of property

Indicate: Roads, Structures, HSTS, Well, Estimated prop. lines

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Is septic system operating properly?	Yes	No
Informed client that Operation permit must be obtained before final report can be issued.		
Sewage evaluator name:	Signature:	
Company name:	Date:	
Sanitarian review:	Review date:	