

SEPTIC SYSTEM INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

System Records & Location

- Yes No — Septic system location and layout confirmed on site
- Yes No — Tank size/type and service history records available
- Yes No — Last pump-out date confirmed and documented
- Yes No — Site access clear for inspection and maintenance

Tank Lids, Risers & Safety

- Yes No — Lids and risers secure with no cracks or damage
- Yes No — Access points are watertight with no intrusion signs
- Yes No — Strong sewage odors not present around tank area
- Yes No — Inspection area safe with covers secured after check

Inlet, Outlet & Baffles

- Yes No — Inlet pipe intact with no blockage or backflow signs
- Yes No — Outlet baffle present and not clogged or damaged
- Yes No — Inlet/outlet baffles prevent solids carryover
- Yes No — No signs of root intrusion at penetrations

Sludge/Scum & Effluent Filter

- Yes No — Sludge and scum levels within acceptable limits
- Yes No — Effluent filter present and clean if equipped
- Yes No — Liquid level at outlet is within expected range
- Yes No — No evidence of tank leakage or structural failure

Distribution Box & Lines

- Yes No — Distribution box accessible and in good condition
- Yes No — Effluent appears evenly distributed to laterals
- Yes No — No visible blockages in outlet lines from box
- Yes No — No signs of settling or misalignment at box

Drainfield/Leaching Bed

- Yes No — No standing water or soggy soil over drainfield
- Yes No — No sewage odors detected near drainfield area
- Yes No — No unusually lush vegetation indicating surfacing
- Yes No — Inspection ports present and accessible if installed

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately