

**ON-SITE SURVEY OF EXISTING  
SEWAGE DISPOSAL SYSTEM**

**\$50<sup>00</sup> FEE**  
Date Collected \_\_\_\_\_

Requested By: \_\_\_\_\_  
(Owner, Prospective Buyer, Realtor, Realty Company, etc...)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

Present Owner: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

Requested For: \_\_\_\_\_ VA; \_\_\_\_\_ FHA; \_\_\_\_\_ Other \_\_\_\_\_

Location or Description of Property \_\_\_\_\_  
\_\_\_\_\_

What year was the System installed? \_\_\_\_\_

Under Who's Name was it installed? \_\_\_\_\_

\*\* This form is not designed as an approval or disapproval concerning the septic system being examined. It is also not a guarantee that the septic system has not failed or will not fail. It is simply the result of what the sanitarian observed upon inspection.

\*\*\*\*\*OFFICIAL USE ONLY BELOW THIS LIINE\*\*\*\*\*

Date Request Received \_\_\_\_\_

Was a Permit obtained from the D.C.H.D.? \_\_\_\_\_ YES; \_\_\_\_\_ NO

SURVEY RESULTS

Date Survey Made: \_\_\_\_\_, By: \_\_\_\_\_

Evidence of Failure \_\_\_\_\_ YES; \_\_\_\_\_ NO

A. Excessive growth of grass, etc. over absorption field area \_\_\_\_\_

B. Effluent ponding in area \_\_\_\_\_

C. Effluent flowing on surface of the ground \_\_\_\_\_; onto adjoining lot \_\_\_\_\_; into roadside ditch \_\_\_\_\_; other \_\_\_\_\_

\* D. Has the septic tank ever been cleaned? \_\_\_\_\_ YES; \_\_\_\_\_ NO; Date: \_\_\_\_\_

\* E. Number of Occupants \_\_\_\_\_

\* F. Number of Bedrooms \_\_\_\_\_ (including # of Jetted Bathtubs over 125 gal.)

\* G. Source of Water \_\_\_\_\_

\* H. Automatic washer \_\_\_\_\_ YES; \_\_\_\_\_ NO.

Sanitarian's Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Health Department Representative Signature)