



**SEWAGE DISPOSAL SYSTEM INSPECTION**

Please TYPE or PRINT.

**Location:** \_\_\_\_\_  Westport  Weston  
Lot and Street Address

**Owner:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**Authorized Agent:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**Licensed Septic Installer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**Professional Engineer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**SEWAGE DISPOSAL SYSTEM COMPONENTS TO BE INSPECTED**

**Tank size and leaching:** \_\_\_\_\_ **Year Installed:** \_\_\_\_\_

**Condition of inlet and outlet baffles:**

\_\_\_\_\_

**Outlet filter clean, if applicable:** \_\_\_\_\_

**Liquid level in tank:** \_\_\_\_\_

**D-boxes uncovered/condition:**

\_\_\_\_\_ **Leaching system condition:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Water softener discharge into the sewage system:**  Yes  No

**Leaking fixtures in home:**  Yes  No

**Garbage disposal used:**  Yes  No

**WWHD Remarks**

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**SIGNATURE OF SANITARIAN:**

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**Date of Inspection**