# SEWAGE DISPOSAL SYSTEM INSPECTION

<table>
<thead>
<tr>
<th>Location: ________________________________________________</th>
<th>Westport</th>
<th>Weston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot and Street Address</td>
<td>Signature: ________________________________</td>
<td>Telephone: (___) ______________________</td>
</tr>
<tr>
<td>Owner: __________________________</td>
<td>Signature: ________________________________</td>
<td>Telephone: (___) ______________________</td>
</tr>
<tr>
<td>Authorized Agent: __________________________</td>
<td>Signature: ________________________________</td>
<td>Telephone: (___) ______________________</td>
</tr>
<tr>
<td>Licensed Septic Installer: __________________________</td>
<td>Signature: ________________________________</td>
<td>Telephone: (___) ______________________</td>
</tr>
<tr>
<td>Professional Engineer: __________________________</td>
<td>Signature: ________________________________</td>
<td>Telephone: (___) ______________________</td>
</tr>
</tbody>
</table>

## 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:** ____________________________

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- **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:** ____________________  
**Date of Inspection:** ____________________

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Septic/Sewage Disposal System Inspection  
Rev. January 17, 2019