



**SEWAGE DISPOSAL SYSTEM INSPECTION**

Please TYPE or PRINT.

<b>Location:</b> _____ Lot and Street Address	<input type="checkbox"/> Westport	<input type="checkbox"/> Weston	<input type="checkbox"/> Easton
<b>Owner:</b> _____	<b>Signature:</b> _____	<b>Telephone:</b> ( ) _____	
<b>Authorized Agent:</b> _____	<b>Signature:</b> _____	<b>Telephone:</b> ( ) _____	
<b>Licensed Septic Installer:</b> _____	<b>Signature:</b> _____	<b>Telephone:</b> ( ) _____	
<b>Professional Engineer:</b> _____	<b>Signature:</b> _____	<b>Telephone:</b> ( ) _____	

**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

**AHD Remarks**


\_\_\_\_\_  
SIGNATURE OF SANITARIAN:

\_\_\_\_\_  
Date of Inspection