



Septic System Inspection Report
 City of Dunes City
 82877 Spruce Street
 PO Box 97, Westlake OR 97493

****Staff Use Only****
 Fee: \$ 50.00
 Paid by Cash / Check No.: _____
 Date Received: _____

Septic system inspections and this form must be completed by a Dunes City Certified Inspector

SITE INFORMATION AND LOCATION		SEPTIC SYSTEM INFORMATION	
Address:		Year System Installed:	Year of Last Repair:
City: Dunes City	State: OR Zip: 97439	Type of System(circle): Gravity / Mound / Pressure Dist. / Sand Filter	
Map No:	Tax Lot No:	Type of Tank (circle): Concrete / Steel / Polypropylene / Fiberglass	
House (circle one): Vacant / Occupied / Vacation Home		Approximate size of tank: _____ Septic / _____ Dosing	
Number of Bedrooms:		Location of Lid:	
Number of people on the system:		INSPECTION INFORMATION	
Garbage Disposal: Yes / No Dishwasher: Yes / No		Riser(s)(circle): Yes / No Are Risers Needed? (circle): Yes / No	
PROPERTY OWNER OR REPRESENTATIVE INFORMATION		Are Baffles or Elbows in Place (circle): Yes / No	
Name:		Was the Tank Pumped with Inspection? (circle): Yes / No	
Mailing Address:		Date Tank was Last Pumped:	
City:	State: Zip:	Tank Condition (circle): Good / Fair / Poor / Failed	
Telephone:	Cell:	Solids / Sludge (circle): Normal / Excessive	
INSPECTOR INFORMATION		Scum (circle): Normal / Excessive	
Business Name:		Is the System in a Functioning State? (circle): Yes / No / Failing	
Inspectors Name:	NAWT Cert. No.:	Statement of Failure (ie: leakage, soggy drainfield, other):	
DCBL No:	DEQ License No.:		
Address:			
City:	State: Zip:		
Telephone:	Fax:		
NOTICE		Components (circle): Effluent Pump / Pump Tank / Dosing System	
<p>By signing below, I hereby certify that I have read and examined this inspection form and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. This document does not presume to give authority to violate or cancel the provisions of any other regulating State or Local Law. All Inspectors are required to be licensed in Dunes City and with the Oregon Department of Environmental Quality and to have National Association of Wastewater Transporters Inspector Certification.</p> <p>Date of Inspection: _____</p> <p>Printed Name of Inspector: _____</p> <p>Signature: _____</p>		Drainfield (circle): Working / Surfacing / Sluggish / Needs Repair	
		Dye Test Results:	
		Leakage (circle): Inlet / Outlet / Tank / Dist. Box / Drainfield	
		INSPECTOR RECOMMENDATIONS	
		Recommended Interval for Pumping: _____ Years	
		Repair Needs (circle): Inlet / Outlet / Tank / Lid / Dist. Box / Drainfield	
		Additional Comments / Repair Plan:	
		Next Service Description (ie: pump, repair, replace, review):	
		Next Service Date:	
Next Inspection Date:			