



NSF Certified Septic System Inspection Application

Please Complete the Following for an inspection quote

Application completed by: _____
 Contact Phone #: _____
 Contact email: _____

Please enter the property owners name and address in the owner/occupant field

Client		Client Phone	
Client Mailing Address		Client email	
		Client fax	
Owner		Owner / Occupant Phone	
Service Property Address		Occupant email	
		Subdivision / Lot	
County		Tax Map or GPIN #	

Do you know what type of Onsite System is on this property? **YES** **NO**

Septic System	Alternative System	Discharge System
Drip System	Puraflo System	Mound or Filter Bed
Other		

This inspection is necessary for:	General Information	Re-finance	Change of Use	Sale
Date Report Needed:		Report requested by:	Buyer	Owner
			Realtor	

The following historical information is required and should be completed by the owner or occupant.

1. Describe any history of a malfunction of the sewage disposal system (i.e. backup, pump failure, sewage on surface, etc.)				
2. Date Septic Tank Last Pumped:	3. Number of Bedrooms	4. Age of System	years	
5. Do you have any of the following?	Clothes Washer	Garbage Disposal	Pool	Hot Tub
6. Has the dwelling been occupied under usual & customary waste load conditions for the past 30 days?				
# of people in the house _____ # of loads of laundry per week _____				
7. Are you aware of any discharge of gray water on the surface? _____				

Questionnaire Completed by: _____ Date: _____ Phone: _____

PLEASE RETURN THIS FORM TO SEPTICARE FOR AN INSPECTION QUOTE.

Call: 540-428-3986 FAX: 540-428-3989 email: service@septic-tank-company.com