



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880

T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

Fee \$175.00

Fee is non-refundable/non-transferable

SEWAGE DISPOSAL SYSTEM INSPECTION

| | | | |
|----------------------------------|------------------------|-------------|-------|
| Location: _____ | | _____ | _____ |
| _____ | Lot and Street Address | Town | Zip |
| Owner: _____ | Signature: _____ | Date: _____ | |
| Authorized Agent: _____ | Signature: _____ | Date: _____ | |
| Licensed Septic Installer: _____ | Signature: _____ | Date: _____ | |
| Professional Engineer: _____ | Signature: _____ | Date: _____ | |

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: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leaking fixtures in home: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage disposal used: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AHD Remarks

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SIGNATURE OF SANITARIAN:

Date of Inspection