



OSSF INSPECTION CHECKLIST:

Property address: _____ Inspection performed on: Date: _____ Time: _____

Inspection performed by: _____ TCEQ license #: _____

SEPTIC TANK QUESTIONS

SEPTIC TANK(s): size(s) _____ material _____

Tank components

- | | | | |
|---|---|--|--------------------------------------|
| Tank access location? | <input type="checkbox"/> Inlet | <input type="checkbox"/> Outlet | |
| Risers present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No, access is <12" deep | |
| Are the risers watertight with no visible leaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| Are the risers free of cracks or visible damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| Lids/secondary restraints operable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the tank free of strong, overpowering odor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Where is the liquid level in the tank? | <input type="checkbox"/> At Base of Outlet Pipe | <input type="checkbox"/> Above | <input type="checkbox"/> Below |
| Does the scum layer look like living, healthy soil? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Can you clearly see baffles above the scum layer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the scum layer well below lid opening? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are inlet/outlet tees free of clogs and leaks around seals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the compartment baffle in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the effluent filter free of debris and clogs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Present |
| Amount of solids in tank? | <input type="checkbox"/> <12" | <input type="checkbox"/> >12" | |

Tank pump out data

Gallons removed: _____ Date: _____

Liquid waste hauler: _____

Tank structural condition (observed after pumping)

- | | | |
|--------------------|------------------------------|-----------------------------|
| Rebar exposed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Corrosion present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cracks present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Root intrusion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PUMP TANK QUESTIONS

PUMP TANK: size _____ material _____

- Is the riser water tight and free of cracks and damage? Yes No Not Present
- Is the pump tank free of solids? Yes No
- Is the pump tank free from corrosion or damage?
(watertight, no exposed rebar, corrosion, or tree roots) Yes No
- Is the electrical junction box intact and free of
corrosion and damage to the wires? Yes No
- Are the floats operable? Yes No
- Does the alarm sound and light up when the float is lifted? Yes No Not Present
- Is the control panel free of leaks, corrosion or
loose wires? Yes No

Was OSSF access secured after inspection activities were completed? Yes No*

*OSSF system owner refused to pay for repairs that were needed to secure the OSSF inspection and cleanout ports

DRAINFIELD QUESTIONS

DRAINFIELD: type _____ size _____

- Operating/performing as designed? Yes No
- Switching valves operable? Yes No Not Present
- Are there any strong odors? Yes No
- Are there any mushy or swampy areas or
surfacing effluent? Yes No
- If inspection ports are present, is there standing water
in the ports that is still present 2 hours later? Yes No Not Present
- Is vegetation present? Yes No
- Adequate surface drainage? Yes No
- Presence of driveways, storage buildings, or other
structures over the drainfield? Yes No

INSPECTION NOTES/COMMENTS

Did the property owner receive a copy of this report? Yes No