



Washtenaw County Department of Public Health  
 Environmental Health Division  
 705 N. Zeeb Road, P.O. Box 8645  
 Ann Arbor, MI 48107-8645  
 Phone: (734) 222-3800 Fax: (734) 222-3930  
 www.ewashtenaw.org

## Septic Tank Inspection/Pumping Report

*This form is to be used by Licensed Septage Haulers who are inspecting and pumping septic tanks as part of a Time of Sale Inspection or an Operation and Maintenance Permit. This inspection is to be completed by exposing septic tank lids and inspecting the interior of the septic tank. The inspection scope is limited to those details that can be observed by opening an access to the septic tank. Specifically, completing this form does NOT require exposing the entire top of a septic tank. When inspecting buried masonry products, contractors are urged to use caution.*

Address: \_\_\_\_\_ City/Township/Village: \_\_\_\_\_

Date Tank(s) Inspected/Pumped: \_\_\_\_\_

**Total Number of Septic Tanks:** \_\_\_\_\_

**Septic Tank Sizes (in gallons):** Tank #1 \_\_\_\_\_ Tank #2 \_\_\_\_\_ Tank #3 \_\_\_\_\_ Tank #4 \_\_\_\_\_

**Tank Lid Types:**  Precast concrete lid  Steel plate  
 Riser/with secure lid at grade  Other: \_\_\_\_\_

**Lid Condition:** Lids intact and in one piece?  Yes  No  
 If **No**, specify which tank(s) and describe in detail:

**Tank Condition:** Are there cracks with visible gaps on the interior of the tanks?  Yes  No  
 If **Yes**, specify which tank(s) and describe in detail:

**Outlet Device:** Type of outlet devices:  Outlet "T"  Precast baffle  Vented elbow  
 Are the outlet devices intact/functional?  Yes  No  
 If **No**, specify which tank(s) and describe in detail:

**Check All That Apply:**  Liquid level at or below the outlet – Tank # \_\_\_\_\_  
 Tank had runback from final disposal area – Tank # \_\_\_\_\_  
 Tank is installed with an effluent filter – Tank # \_\_\_\_\_  
 Tank used as pump chamber – Tank # \_\_\_\_\_

**Notes or Recommendations:**

I inspected and pumped the tanks at the above address and hereby attest that the conditions as described in this report reflect actual site observations. I understand that the County may require corrective action as the result of this report, and that any corrective action must be approved by Washtenaw County.

Company Name: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_