



Washtenaw County Public Health • Environmental Health Division

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TIME OF SALE INSPECTION REPORT
FOR RESIDENTIAL ONSITE WATER SUPPLY & SEWAGE DISPOSAL SYSTEMS

This report is submitted as required by the Washtenaw County Regulation for the Inspection of Residential Onsite Water and Sewage Disposal Systems at Time of Property Transfer. This report is to only be completed by inspectors certified by the Washtenaw County Environmental Health Division.

Property owner name: _____

Property street address: _____ City: _____ Zip: _____

Township: _____ Property Tax ID #: _____

Information in this box MUST be complete for report to be processed.

SEND REPORT TO:

Applicant name: _____ Company: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age of home: _____ years Number of bedrooms: _____ Number of bathrooms: _____

Current number of residents: _____ - OR - Time of vacancy: _____ months

Date(s) inspected: _____

System(s) inspected: [] Onsite Water Supply (Reason not inspected _____)

[] Onsite Sewage Disposal (Reason not inspected _____)

Being a Washtenaw County Certified Inspector, I inspected the onsite water supply and/or onsite sewage disposal system indicated above. I certify that this inspection was conducted within the guidelines established by Washtenaw County and was completed in a thorough and complete manner. Further, I certify that this report includes all knowledge that I have concerning the operation and function of said system(s).

Inspector Name: _____ Signature: _____

Date: _____ Certification Number: _____

Site plan submitted / attached: [] Yes [] No

Water samples submitted / attached: [] Yes [] No [] N/A

OFFICE USE ONLY:

RECEIPT:

- [] Applicant information complete
[] Water samples (bacteria, arsenic, nitrate) included, if applicable
[] Site plan included

TOS 20 _____ - _____

Project #: _____

WATER SUPPLY SYSTEM

Age of well: _____ Permit #: _____ Approval date: _____

Well depth: _____ feet Verified from: Well log Driller County records Owner

Location:

- On property
- Off property

Shared well: Yes No

Flowing well: Yes No

If Yes, flow discharged properly: Yes No

Number of other wells on property: _____

Complete for each additional well:

Use: _____

Diameter: _____ inches

In use and produces water: Yes No

Separate from potable water supply: Yes No

Isolation distances not met: (fill in actual distance if minimum not met)

Drainfield (<100 ft.) _____ ft.

Septic tank (<50 ft.) _____ ft.

Grinder pump (<50 ft.) _____ ft.

Sewer line (<50 ft.) _____ ft.

HazMat storage (<100 ft.) _____ ft.

Fuel oil tank (<100 ft.) _____ ft. Buried: Yes No In basement: Yes No Concrete floor: Yes No

Pump Type:

- Submersible
- Deep well jet*
- Shallow well jet*
- Other: _____ *

*Protected suction line: Yes No

Cycling:

- Long (>90 sec.)
- Adequate (30-90 sec.)
- Short (<30 sec.)

Yield (approx.): _____ gpm

Casing diameter: _____ inches

Termination:

- Above grade (_____ inches above ground)
- Basement offset (_____ inches above floor)
- Drained pit (_____ inches above floor)
- Undrained pit
- Dug well
- Not found / buried

Well cap:

- Structurally sound
- Cap loose
- Cap missing
- Cap loose w/insects
- Cap / conduit / casing damaged

Venting:

- Not vented
- Screened vent
- Unscreened vent
- Unscreened vent with insects

Water treatment in use:

- Softener
- Sediment filter
- Iron removal
- Reverse osmosis** Point of use Whole house
- Other: _____

Water treatment discharge air gapped: Yes No

**Initial water samples must be taken from untreated water. Additional arsenic sample should be taken from treatment device.

SEWAGE DISPOSAL SYSTEM

Permit #: _____

Approval date: _____

Location:

Municipal / sanitary sewer available: Yes No

On property

Off property

NOT CONNECTED TO SYSTEM:

Toilet(s)

Sink(s)

Shower(s)

Tub(s)

Laundry

Other: _____

CONNECTED TO SYSTEM:

Footing drains

Water treatment discharge(s)

HVAC discharge(s)

Storm water drain(s)

Other: _____

SEPTIC TANK(S): *If septic tanks have not been previously inspected and approved by this Department, a Septic Tank Maintenance Report from a Licensed Sewage Pumper must be attached.*

Number of tanks: _____

Total capacity: _____ gallons

Verified by: County records

Pumping receipts

Last pumped: _____ years ago

Accessible for pumping: Yes No

Tank access within 18" of grade: Yes No

Pump alarm functional: Yes No

If No, please explain: _____

Isolation distances not met: *(fill in actual distance if minimum not met)*

Surface water (<25 ft.) _____ ft.

Nearest well (<50ft.) _____ ft.

DISPOSAL AREA(S):

Number:

None found

One

Multiple / one connected

Multiple connected*

Multiple with diverter*

Type:

Bed - conventional

Bed - deep excavation

Bed - raised

Modified fill

Trenches

Dry well

Other: _____

Size of bed: _____ sq. ft. (_____ ft. X _____ ft.)

Verified by:

County records

Field measurement

Number of Trenches: _____

Trench width: _____ ft. Trench length: _____ ft.

**Note: If multiple fields are connected please include additional Page 4 for each field and show on site plan.*

DRAINFIELD CONDITION: *Show location and condition of each test hole on site plan.*

Sewage exposed (including back-up, direct discharge, surfacing, etc.): Yes No

Depth of cover: _____ inches to _____ inches
(minimum) (maximum)

Encroachment on field: Yes No
(If Yes, show type and location on site plan.)

Saturation of field:

- None
- <50% below tile holes
- >50% below tile holes
- <50% above tile holes
- >50% above tile holes

Sludge / Biomat in field:

- None
- <50% below tile holes
- >50% below tile holes
- <50% above tile holes
- >50% above tile holes

Tile:

- Plastic - per records / age
- Plastic - per owner
- Concrete / clay - per records/age
- Concrete / clay - per owner
- Concrete / clay - observed
(Approx. % blockage _____)

Isolation distances not met: *(fill in actual distance if minimum not met)*

- Nearest well (<100 ft.): _____ ft.
- Surface water (<50 ft.): _____ ft.

Sandy soil under field: Yes No

Surface water diverted from system: Yes No

Woody vegetation on / within 5 feet of system: Yes No

Automatic sprinklers on / near system: Yes No

INSPECTOR OBSERVATIONS / COMMENTS / RECOMMENDATIONS

Based on data presented in this inspection report, the Washtenaw County Environmental Health Division will issue a letter stating whether the water supply and / or sewage disposal system meets minimum standards for sale of the property. The following observations or recommendations for extending the life of these systems are in addition to any requirements addressed by the Environmental Health Division:

ATTACH REQUIRED WATER SAMPLES (COLIFORM BACTERIA, NITRATES, AND ARSENIC) AND SITE PLAN TO REPORT
(Site plans must contain location and conditions of each test hole and any tile excavation.)