

LIBERTY COUNTY SEPTIC VERIFICATION REPORT

Property Owner: _____

Address: _____

Legal Description: _____

Inspection Contact: _____

Installer: _____ License #: _____

Inspection Date: _____

GPS Latitude and GPS Longitude of Tank: _____

| | |
|--|---|
| <p>OSSF TYPE</p> <p>Conventional []</p> <p>Aerobic Drip []</p> <p>Aerobic Spray []</p> <p>Other: _____</p> | <p>Are risers visible? Yes No</p> <p>Is the separation between the well and the septic meet requirements?</p> <p>Yes No</p> |
| <p>SEPTIC TANK:</p> <p>Tank Size Description _____</p> <p>TYPE MATERIAL _____</p> <p>MANUFACTURER (if visible) : _____</p> | <p>SLUDGE LEVEL:</p> <p>_____</p> <p>Condition of Sanitary Tees:</p> <p>Inlet T: _____</p> <p>Outlet T: _____</p> |
| <p>Are the following items operating properly? (If this applies to system installed)</p> <p>Aerator: YES NO</p> <p>Filter: YES NO</p> <p>Irrigation Pump: YES NO</p> <p>Disinfection Device: YES NO</p> <p>Electrical Circuits: YES NO</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> | |
| <p>DISPOSAL AREA</p> <p>ANY EVIDENCE OF MALFUCTION? YES NO</p> <p>Visibility of any of the following discharge of pipe, unusual vegetation, localized surface settling?</p> <p>YES NO</p> <p>Does the disposal area meet setback requirements? YES NO</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> | |
| <p>Does the system meet capacity to be connected to the structure purposed? YES NO</p> | |
| <p>RESULTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

Installer Signature: _____ License Number: _____