



# REPORT OF RESIDENTIAL ONSITE WATER SUPPLY & SEWAGE DISPOSAL INSPECTION

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 ("Time of Sale"). This form is only to be completed by inspectors certified by the Washtenaw County Environmental Health Division. (Rev. 01/21/2011)

Date(s) Inspected: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Township: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Mail Report To (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

E-mail To Name: \_\_\_\_\_ at \_\_\_\_\_ @ \_\_\_\_\_

Fax To Name: \_\_\_\_\_ at ( ) \_\_\_\_\_

System(s) Inspected:  
 Onsite Water Supply (Reason not inspected \_\_\_\_\_)  
 Onsite Sewage Disposal (Reason not inspected \_\_\_\_\_)

Age of Home: \_\_\_\_\_ years      Number of Bedrooms: \_\_\_\_\_      Number of Bathrooms: \_\_\_\_\_

Current Number of Residents: \_\_\_\_\_ OR Time of Vacancy: \_\_\_\_\_ months

I, \_\_\_\_\_, being a Washtenaw County Certified Inspector, inspected the onsite water supply and/or onsite sewage disposal system indicated above. I certify that this inspection was done 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).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Certification Number: \_\_\_\_\_

**Office Use Only:**  
Case #: TOS 20\_\_\_\_\_-\_\_\_\_\_

# WATER SUPPLY SYSTEM

Age of Well: \_\_\_\_\_

Permit #: \_\_\_\_\_

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

Well Depth: \_\_\_\_\_ ft.

Verified from:  Well Log  Driller  County Records  Owner

**Location:**

On property

Off property

Shared well?  Yes  No

Flowing well?  Yes  No    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 w/insects

**Water Treatment In Use:**

Softener

Sediment Filter

Iron Removal

Reverse Osmosis \*\*     Point of use

Whole house

Other: \_\_\_\_\_

**\*\*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:**

- On property
- Off property

Municipal/Sanitary Sewer Available:  Yes  No

**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: \_\_\_\_\_ gal.

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 w/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
- Concrete/clay no blockage
- Concrete/clay <50% blockage
- Concrete/clay >50% 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 ft. 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.)