

# BAYFIELD COUNTY INSPECTION FORM for SEPTIC TANKS

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)			Soil Test No:	State Sanitary Permit No: <b>(required)</b>
Property Owner's Name			County: <b style="font-size: 1.2em;">Bayfield</b>	
Address of Property	City, State	Zip Code	Property Location: 1/4 1/4, S T N, R E (or) W	
Property Owner's Mailing Address			Township:	Gov. Lot #:
City, State	Zip Code	Phone Number	Lot #	Block #: Subdivision Name or CSM #:
<b>II. TYPE OF BUILDING: (Check One)</b>			Parcel ID Tax Number(s): <b>(This is mandatory)</b> get this # from owners tax statement)	
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____				
<b>III. INSPECTION STATEMENT:</b>				
<p>(1) Does the septic tank cover or inspection manhole(s) terminate above grade?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p style="padding-left: 20px;">If Yes; is the tank or manhole cover securely locked?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p style="padding-left: 20px;">If No; is there sufficient soil cover over manhole?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(2) Is/Are the cover(s) cracked or broken?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(3) Is a filter present?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(4) Has the filter been cleaned?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(5) Does the tank appear to be water tight?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(6) Is there flow back into the tank from the drain field or dispersal unit?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(7) Are the baffles in place and functioning properly?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(8) Are all the inspection pipes covered?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(9) If a vent is present; does the vent pipe have an approved vent cover?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>(10) Is/Are there any other conditions or problems that hinder the proper operation of the sanitary system that need to be corrected?    Yes <input type="checkbox"/>    No <input type="checkbox"/>    If Yes; explain: _____</p> <p>_____</p> <p>_____</p>				
<b>Date of Inspection:</b> _____ <b>Capacity/Volume in tank:</b> _____ <b>Date Estimated to be Pumped:</b> _____				
<b>IV. RESPONSIBILITY STATEMENT:</b>				
I the undersigned, assume responsibility for the inspection of the onsite sewage system.				
Licensed/Credentialed Inspector Name: <b>(Print)</b>		Licensed/Credentialed Inspector Signature: <b>(No Stamps)</b>		License/Credential No:
Inspector's Address: (Street, City State, Zip Code)			Home Phone:	Business Phone:
<b>V. COUNTY / DEPARTMENT USE ONLY</b>				
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Date Issued:	Issuing Agent's Signature / Date:	
<b>VI. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>				