

BAYFIELD COUNTY INSPECTION FORM

I. APPLICATION INFORMATION (Please Print All Information)			Soil Test No:	State Sanitary Permit No: (required)	
Property Owner's Name			County: <b style="font-size: 1.2em;">Bayfield		
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 #:
II. TYPE OF BUILDING: (Check One)			Parcel ID Tax Number(s): (This is mandatory) 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 _____					
III. INSPECTION STATEMENT:					
<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> <p>Date of Inspection: _____ Capacity/Volume: _____ Date Estimated to be Pumped: _____</p>					
IV. RESPONSIBILITY STATEMENT:					
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.					
Licensed/Credentialed Inspector Name: (Print)			Licensed/Credentialed Inspector Signature:		License/Credential No:
			(No Stamps)		
Inspector's Address: (Street, City State, Zip Code)			Home Phone:		Business Phone:
V. COUNTY / DEPARTMENT USE ONLY					
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Date Issued:	Issuing Agent's Signature / Date:		
VI. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:					