

Checklist for Inspection of Existing Sewage Disposal System

Owner Name: Suleman mendith Date of Inspection: 11-1-23
 Tax Map #: 40-65 Inspected By: River side septic
 Property Address: 16945 General puller Hwy

SEWER LINE

Diameter: 4" Material: cast iron

SEPTIC TANK

1. Approximate capacity: 1000 Gallons
2. Material: concrete
3. Inlet/Outlet Tees present: ☒ Yes ☐ No If No, please note if replaced/installed.
4. Access Riser or Inspection Port present or installed? ☐ Yes ☒ No
5. Notes: inlet T present no access to the outlet

CONVEYANCE LINE

Diameter: 4" Material: clay
 Conveyance Method: ☒ Gravity ☐ Pump
 If pumping, indicate Pump Chamber Size/Material: _____

DISTRIBUTION BOX and HEADER LINES

1. Levels ok? ☐ Yes ☒ No
2. Balanced correctly? ☐ Yes ☒ No
3. Number of free outlets: 2
4. Distribution Box Material: concrete
5. Header Line Material: clay

DRAINFIELD

1. Number of trenches: 3
2. Approx. length of trenches: 50'
3. Approx. width of trenches: 3'
4. Approx. center to center spacing: 8'
5. Approximate depth of trenches: 30"
6. Material: ☒ Aggregate ☐ Gravelless

Are all components structurally sound? ☐ Yes ☒ No

Overall, is the existing system functioning properly? ☐ Yes ☐ No

Comments: the tank was close to operating level the D-Box was dry, the D-Box has multiple cracks deterioration no spread later

* Please provide copies of septic tank pumping records and operation and maintenance (O&M) records (if system was not functioning properly, please note if system can be expected to return to proper function based on the maintenance provided.)

* Please provide a site sketch indicating system location (see page 2).

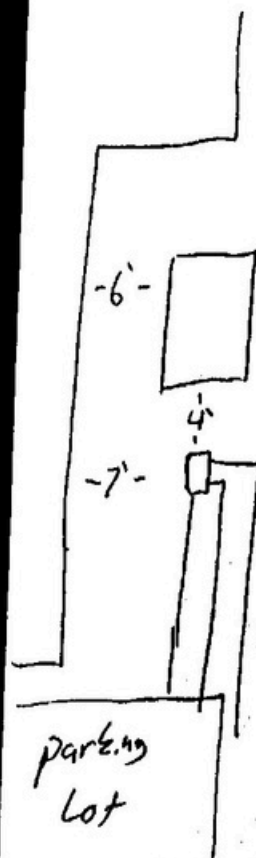
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SITE SKETCH

SITE SKETCH
Please make a site sketch of the existing sewage disposal system with preferred triangulated measurements to the house, property corners/lines, or other notable site features. Please mark system (tanks, d-box, trenches) in the field with either flags or spray paint.



****If inspection is being performed as part of a "Safe, Adequate, and Proper" evaluation, the local health department must receive a request from the local building official for a review, and owners must file an application for a review pursuant to Va. Code §32.1-165 (refer to attachments 2a and 2b from GMP # 2017-03). There is no guarantee given or implied that this sewage disposal system will continue to function properly in the future. In the event of a sewage disposal malfunction, the owner will be responsible for any repairs or other actions deemed necessary by the Virginia Department of Health to correct the situation. Please contact _____ County Health Department at (804) _____ with any questions.****