

Condition Assessment

VDH Use Only
HDIN: _____
VPDES GP: _____

Owner and Application Information <input type="checkbox"/> Repair <input type="checkbox"/> Voluntary Upgrade	
Name: _____	Phone Number: _____
Address: _____	
Email: _____	

System Location			
Address: _____			
Tax Map/GPIN #: _____			
Subdivision: _____	Section: _____	Block: _____	Lot: _____
Directions: _____			

System File Information	
Permit Type: <input type="checkbox"/> Onsite Disposal <input type="checkbox"/> Stream Discharging System	
Property Type: _____	
Permitted Design Flow: _____ gpd	Permitted #Bedrooms: _____
System Type: <input type="checkbox"/> Conventional <input type="checkbox"/> Alternative If Alternative, Treatment Mfg. & Model: _____	
Dispersal Method: <input type="checkbox"/> Gravity <input type="checkbox"/> Pump to Gravity <input type="checkbox"/> LPD <input type="checkbox"/> Drip	
Dispersal Media: <input type="checkbox"/> Gravel <input type="checkbox"/> Gravelless Material <input type="checkbox"/> Tire Chips <input type="checkbox"/> Sand	
Gravelless Type: _____	Notes: _____
<input type="checkbox"/> Attach a Copy of As-built drawing or drawing of system layout	

Existing System Evaluation
Failure Observed or reported by owner: <input type="checkbox"/> Yes <input type="checkbox"/> No: <input type="checkbox"/> Backup into home <input type="checkbox"/> Effluent on the ground surface
If failure observed or reported by owner, REPAIR permit REQUIRED .
Number of Occupants: _____ Date System Installed: _____
Current Use: _____ Current Number of Bedrooms: _____
Has property been occupied during previous 30 day period? <input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Softener: <input type="checkbox"/> Yes <input type="checkbox"/> No Jacuzzi/Hot Tub: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Last Septic Tank Pump Out: _____ Date of Last Operator Visit _____

Component Status (place check under appropriate box)					
Component	Present	Inspected	Functional	Non-Functional	Observations/Comments
Sewer Line					
Septic Tank					
Septic Tank Tees					
Treatment Unit					
Pump Chamber					
Pump					
Disinfection					

Recommended Action: Repair

Identify Probable Cause of Component Malfunction (check all that apply):

- Unknown Damaged/Compromised Deterioration Hydraulic Overload Organic Overload Improper Maintenance Root Infiltration

Describe temporary corrective recommended action(s) and purpose of action(s): _____

Describe Permanent recommended action(s) and purpose of action(s): _____

Form Completed By:

Name: _____ Signature: _____

Date: _____

Professional License Type and Number: _____

Recommended Action: Voluntary Upgrade

If Voluntary Upgrade,

Describe recommended action(s) and the 'improvement' associated with the voluntary upgrade:

Owner must provide signature to following statement:

As the owner, I have not observed any sewage on the ground or experienced a backup of sewage into my home.

Name: _____ Signature: _____

Date: _____

Form Completed By:

Name: _____ Signature: _____

Date: _____

Professional License Type and Number: _____