



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
FINANCIAL ASSISTANCE CENTER

**ONSITE WASTEWATER TREATMENT SYSTEM GRANT PROGRAM  
INSPECTOR OBSERVATION FORM**

**1. INSPECTOR'S INFORMATION**

NAME

TELEPHONE NUMBER WITH AREA CODE

EMAIL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIPCODE + FOUR

COUNTY

**2. HOMEOWNER INFORMATION**

NAME

TELEPHONE NUMBER WITH AREA CODE

EMAIL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIPCODE + FOUR

COUNTY

**3. PROPERTY INFORMATION**

HOMEOWNER'S PROPERTY ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

CITY

STATE

ZIPCODE + FOUR

COUNTY

NUMBER OF BEDROOMS

NUMBER OF OCCUPANTS

WATER SUPPLY

☐ Private well ☐ Shared well ☐ District/community water ☐ City water ☐ Unknown ☐ Other \_\_\_\_\_

FEATURES

☐ Garbage disposal ☐ Jetted/oversized tub ☐ Water softener ☐ Other \_\_\_\_\_

**4. DESCRIPTION OF CURRENT SYSTEM**

TYPE OF SYSTEM

☐ Tank ☐ Lateral Field ☐ Lagoon ☐ Advanced ☐ Unknown ☐ Other \_\_\_\_\_

YEAR INSTALLED

TYPE OF LATERAL FIELD

☐ Conventional Gravity Leach Field ☐ Low Pressure Pipe ☐ Drip Irrigation ☐ Unknown ☐ Other \_\_\_\_\_

SIZE OF TANK (GALLONS)

TYPE OF TANK

☐ Concrete ☐ Metal ☐ Fiberglass ☐ Plastic ☐ Other \_\_\_\_\_

DATE OF LAST TANK PUMPING

MAINTENANCE PERFORMED ON SYSTEM IN LAST 5 YEARS WITH DATE COMPLETED

☐ Attach pictures, sketches, or maps showing location of system and its components (e.g., tank, lateral field, lagoon)

**5. CONDITION OF SYSTEM**

## TANK

- a. Noticeable odors near the tank ☐ Yes ☐ No Comment: \_\_\_\_\_
- b. Surfacing of sewage around or near the tank ☐ Yes ☐ No Comment: \_\_\_\_\_
- c. Watertight tank ☐ Yes ☐ No Comment: \_\_\_\_\_
- d. Aerator tank present ☐ Yes ☐ No Comment: \_\_\_\_\_

## TANK COMPONENTS

- a. Inlet baffle/tees in place ☐ Yes ☐ No Comment: \_\_\_\_\_
- b. Outlet baffle/tees in place ☐ Yes ☐ No Comment: \_\_\_\_\_
- c. Effluent screen present ☐ Yes ☐ No Comment: \_\_\_\_\_

## ABSORPTION FIELD

- a. General absorption field area can be located ☐ Yes ☐ No Comment: \_\_\_\_\_
- b. Noticeable odors coming from field ☐ Yes ☐ No Comment: \_\_\_\_\_
- c. Surfacing of sewage in the field area ☐ Yes ☐ No Comment: \_\_\_\_\_
- d. Excessive vegetation growth in or near field ☐ Yes ☐ No Comment: \_\_\_\_\_
- e. Signs of past sewage surfacing or discharges ☐ Yes ☐ No Comment: \_\_\_\_\_
- f. Signs of effluent anywhere on property ☐ Yes ☐ No Comment: \_\_\_\_\_
- g. Signs of effluent flowing on neighbor's property ☐ Yes ☐ No Comment: \_\_\_\_\_

## ABSORPTION COVER

☐ Warm/cool season grasses ☐ 1-3 trees ☐ 4 or more trees ☐ Other \_\_\_\_\_

**6. DESCRIPTION OF PROPERTY, IF KNOWN**

## GEOGRAPHIC LOCATION

☐ Latitude \_\_\_\_\_ / Longitude \_\_\_\_\_ ☐ Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

LOT SIZE IN ACRES

SOIL CONDITIONS

ELEVATION

SLOPE AROUND INHABITED BUILDINGS

PROXIMITY TO NEIGHBORS

OTHER FEATURES?

**7. SETBACK DISTANCES FROM/TO**

	SEPTIC TANK	CLASS I UNIT	PUMP TANK	ABSORPTION FIELD	LAGOON
<input type="checkbox"/> Owner's Well					
<input type="checkbox"/> Neighbor's Well					
<input type="checkbox"/> Public/Community Well					
<input type="checkbox"/> Water Lines					
<input type="checkbox"/> Property Line					
<input type="checkbox"/> House <input type="checkbox"/> Foundation <input type="checkbox"/> Basement					
<input type="checkbox"/> Stream or Impoundment					
<input type="checkbox"/> Other _____					

**8. REASON FOR FAILURE**

DESCRIBE REASON FOR FAILURE

**9. INSPECTOR SIGNATURE**

SIGNATURE

DATE