

Please Legibly Print All Information

Strasburg Township On-Lot Sewage System Inspection Report

Property Owner Name: _____ Date: _____

Address: _____

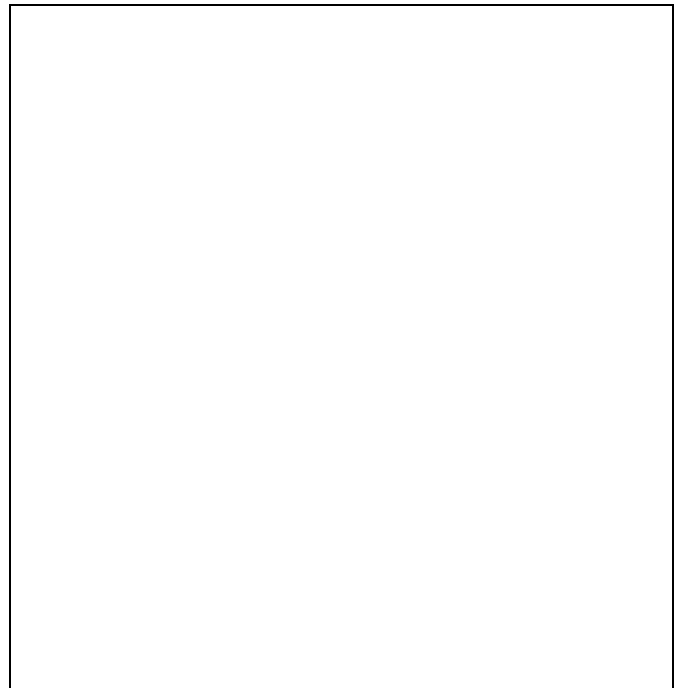
Tax Parcel ID Number _____

Treatment System _____ Absorption Area _____

Field Observations

Visible Malfunction
Gray Water Surface Discharge
Wet Areas Near Surface
Lush Green Grass
Noticeable Odors
Downspout Runoff to System
Structures over System
Manhole Extensions Not Present
Missing Baffles
High Liquid Levels in Tanks
Low Liquid Levels in Tanks
Crack or Hole in Tank
Run Back from Absorption Area to Tank
Missing Inspection Port
Other _____

Sewage System Schematic



Maintenance Performed

Pumped Tanks
Added Manhole Extensions
Pump/Alarm Maintenance
Other _____

Overall System Condition: Sat ___ Unsat ___

If required, specific recommendations and work performed:

Tank Size _____ Gallons Amount of Septage Removed _____ Gallons

Depth of Sludge in Treatment Tank _____ from Tank Bottom

Depth of Tank (Bottom to Inlet Piping) _____ inches

Name of Inspector/Pumper _____ Company _____

Signature of Inspector/Pumper _____

THIS REPORT IS TO BE GIVEN TO THE HOMEOWNER TO SUBMIT WITHIN 30 DAYS AFTER PUMPING TO :

STRASBURG TOWNSHIP
400 BUNKER HILL ROAD
STRASBURG, PA 17579

NOTICE: COMPLETION OF THIS REPORT IS REQUIRED BY STRASBURG TOWNSHIP AND IS FOR ON-LOT SEWAGE MANAGEMENT PROGRAM PURPOSES ONLY AND SHALL NOT BE DEED TO BE ANY CERTIFICATION OF CONDITIONS OF THE SEWAGE SYSTEM FOR REAL ESTATE TRANSACTION PURPOSES