



# REPORT ON RESIDENTIAL ONSITE SEWAGE SYSTEM CAPACITY AND CONDITION INSPECTION

*This report is submitted as required by the Fremont County Ordinance for the inspection of residential onsite sewage disposal systems at the time of application for a Home Occupation permit. Portions of this form are to be completed only by septic system installers and servicers licensed through the Eastern Idaho Public Health District or an Environmental Health Specialist.*

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Age of Home: \_\_\_\_\_ years      Number of Bedrooms: \_\_\_\_\_      Number of Bathrooms: \_\_\_\_\_

## **SEPTIC SYSTEM CAPACITY**

Septic System Permit #: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Total System Capacity: \_\_\_\_\_

I, \_\_\_\_\_, being an Environmental Health Specialist with the Eastern Idaho Public Health District, certify that the capacity of the septic system is as stated above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Septic System Capacity ÷ 75 gallons/persons/day = \_\_\_\_\_ occupancy (Note: Septic tank capacity is required to be 2 X the system capacity (IDAPA 16.01.03.007.07.) Other requirements of the building code may also affect the maximum occupancy of the structure).

## **SEPTIC SYSTEM CONDITION**

**SEPTIC TANK CONDITION:** Show location and condition of each tank on site plan.

Location:  On Property

Off Property

Municipal/Sanitary Sewer Available:  Yes  No

Connected to System:

Toilets

Sinks

Showers

Tubs

Laundry

Footing Drains

Storm Water Drains

HVAC Discharges

Other: \_\_\_\_\_

Last Pumped: \_\_\_\_\_ Accessible for Pumping:  Yes  No

Tank access within 18" of grade:  Yes  No

Pump Alarm Functional (if applicable):  Yes  No

\*If No, please explain: \_\_\_\_\_

Isolation Distances:

Surface Water : \_\_\_\_\_ ft.

Nearest Well : \_\_\_\_\_ ft.

**DISPOSAL AREAS:**

Number:

None Found

One

Multiple/one connected

Multiple connected

Multiple w/diverter

Type:

Bed-conventional

Bed-deep conventional

Bed-raised

Modified Fill

Trenches

Dry Well

Other:

Size of bed: \_\_\_\_\_ sq. ft. (\_\_\_\_ft.X\_\_\_\_ft.)

Number of Trenches: \_\_\_\_\_

Trench width: \_\_\_\_\_ ft. Trench length \_\_\_\_\_ ft.

**DRAINFIELD CONDITION:** Show location and condition of each test hole on site plan.

**Sewage Exposed** (including back-up, direct discharge, surfacing, etc.):  Yes  No

Depth of cover: \_\_\_\_\_ inches to \_\_\_\_\_ inches  
(minimum) (maximum)

Encroachment on field:  Yes  No  
(if yes, show type and location on site plan)

**Saturation of field:**

- None
- <50% below tile holes
- >50% below tile holes
- <50% above tile holes
- >50% above tile holes

**Sludge/Biomat in field:**

- None
- <50% below tile holes
- >50% below tile holes
- <50% above tile holes
- >50% above tile holes

**Tile:**

- Plastic
- Concrete/clay no blockage
- Concrete/clay <50% blockage
- Concrete/clay >50% blockage

Isolation Distances Not Met: (fill in actual distance if minimum not met)

- Nearest well : \_\_\_\_\_ ft.
- Surface water : \_\_\_\_\_ ft.

Sandy soil under field:  Yes  No

Surface water diverted from system:  Yes  No

Woody vegetation on/within 5 ft of system:  Yes  No

Automatic sprinklers on/near system:  Yes  No

**INSPECTOR OBSERVATIONS/COMMENTS/RECOMMENDATIONS**

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I, \_\_\_\_\_, being a licensed septic system installer or servicer through the Eastern Idaho Public Health District, inspected the onsite sewage disposal system indicated above. I certify that this inspection was done within the guidelines established by the State of Idaho and was completed in a thorough and complete manner. Further, I certify that this report includes all knowledge that I have concerning the operation and function of said system.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Date(s) Inspected: \_\_\_\_\_