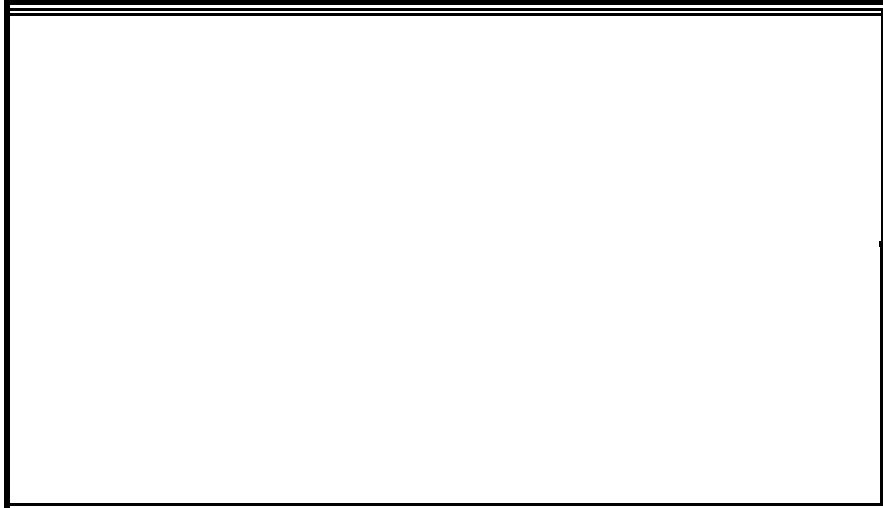


Leachfield Inspection Report

HOMEOWNER	Inspection Date _____
Name: _____	Inspected by: _____
Address: _____	City: _____ Township _____

	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> SITE PLAN North Arrow Structures Tank(s) Leachfield Ponding </div>
--	--

DOSING TANK		
Cycle Count Reading: _____	Timer Settings ON: _____	OFF: _____
	YES NO	
Control Box Secure	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Alarms Function	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Float Activation	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Debris/Solids in Tank	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Septic Tank Filter	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Weep Hole Open	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____

Distribution Field		
	YES NO	
Ponding Visible	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Flow Diversion Changed	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Grass Maintained	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Interceptor Drain	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Surface Water Infiltration	<input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Liquid Level in Trench(in.)	Observation Port 1	Observation Port 2
	<input type="text"/>	<input type="text"/>
	Observation Port 4	Observation Port 6
	<input type="text"/>	<input type="text"/>

Additional Remarks: _____
