

## Long Lake Township On-Site Sewage Disposal System Inspection Form & Worksheet

### Property Information

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

Parcel Identification No. 28-08- - - Closing Date (if known) \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Authorized Agent \_\_\_\_\_ Agent's Phone \_\_\_\_\_

Buyer's Name \_\_\_\_\_ Buyer's Phone \_\_\_\_\_

Buyer's Address \_\_\_\_\_

Buyer's Authorized Agent \_\_\_\_\_ Agent's Phone \_\_\_\_\_

### Property Owner's Statement

I, \_\_\_\_\_  
the owner of the above property, certify that:

1. \_\_\_\_\_ I hereby certify that an inspection is NOT required at this time under the Long Lake Township Ordinance 107 due to: *If Yes, skip to #5*
  - The On-Site Sewage System serving the above-referenced property was installed within the last 36 months pursuant to a permit issued by the Grand Traverse County Health Department (copy of permit is attached)
  - Written evidence exists that the On-Site Sewage Disposal System has been inspected within the 36 months of the proposed sale date and has been found to be in compliance with the Environmental Health Regulations of the Grand Traverse County Health Department (copy of written evidence is attached)
  - The property transfer is not a sale as defined under Section 4 of the Ordinance (*this includes – among others – foreclosures, transfer into a trust, or a conveyance to create or end joint ownership*)
2. \_\_\_\_\_ The above referenced property is occupied. *If No, skip to #3*
  - The property is used as a full-time residence.
  - The property is used as a seasonal or part-time residence.
3.  The above referenced property is vacant. It has been vacant for a period of \_\_\_\_\_
4.  I hereby give permission for the inspector to enter the property and the residence in order to conduct a full inspection.
5. Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Long Lake Township On-Site Sewage Disposal System Inspection Form & Worksheet

### Worksheet Section 1: Records

1. Inspection Date \_\_\_\_\_ 2. Limiting seasonal conditions: \_\_\_\_\_
2. Describe Septic Tank(s) (check all that apply)
  - One compartment tank(s) Number of tanks \_\_\_\_\_ Size of each tank \_\_\_\_\_
  - Two compartment tank(s) Number of tanks \_\_\_\_\_ Size of each tank \_\_\_\_\_
  - Pump chamber Size of tank \_\_\_\_\_
3. Describe System (check all that apply)
  - Drywell  Drainfield  Holding tank
  - Mound system  Chamber System  Other: \_\_\_\_\_
4. Age of system \_\_\_\_\_ years
5. All documents in the record review (check all that apply)
 

<input type="checkbox"/> Prior inspection reports	<input type="checkbox"/> Copy attached?
<input type="checkbox"/> Prior inspection reports for systems on adjoining property	<input type="checkbox"/> Copy attached?
<input type="checkbox"/> Well logs	<input type="checkbox"/> Copy attached?
<input type="checkbox"/> Health Department Permit Permit Number _____	<input type="checkbox"/> Copy attached?
<input type="checkbox"/> Complaint records	<input type="checkbox"/> Copy attached?
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Copy attached?

\_\_\_\_\_ Any missing information? If yes, describe: \_\_\_\_\_
6.  Pumped by a licensed septage pumping service within six months of inspection date?  
 Licensed septage hauler name: \_\_\_\_\_ Date pumped: \_\_\_\_\_
7.  Written statement is attached from pumping contractor as to the capacity and condition of the septic tank(s) and its baffles, any evidence of effluent flowing back from the absorption field.
8.  No pumping records available (Inspect septic tank(s) as described in Section 9.A.3.)

### Worksheet Section 2: Demand

1. Fixtures connected to system:
 

<input type="checkbox"/> Toilets	<input type="checkbox"/> Sinks	<input type="checkbox"/> Sump Pump
<input type="checkbox"/> Showers/Tubs	<input type="checkbox"/> Laundry	<input type="checkbox"/> Water treatment device/softener
<input type="checkbox"/> Footing Drains	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Other _____
<input type="checkbox"/> HVAC Humidifier	<input type="checkbox"/> HVAC condensate	<input type="checkbox"/> Pool/spa drain
2. Visual inspection of interior building plumbing completed?  
 If no, is other written evidence of number & types of fixtures connected to OSDS available \_\_\_\_\_  
 Copy attached?
3. \_\_\_\_\_ Are any plumbing fixtures not routed through the primary plumbing system?  
 Explain \_\_\_\_\_
4. Other related comments or findings: \_\_\_\_\_
5. Number of bedrooms? \_\_\_\_\_

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### Worksheet Section 3: Inspection Observations

1. \_\_\_\_\_ Location of tank determined?  Through probe?  Through record review?
2. Horizontal isolation of septic tank/absorption field from:
 

Surface water _____' / _____'	Building foundation _____' / _____'
Wetland _____' / _____'	Lot line _____' / _____'
Water wells _____' / _____'	Other _____' / _____'
3. Vertical isolation distance between seasonal high water table and point of sewage discharge: \_\_\_\_\_'
4. \_\_\_\_\_ Approximate location of the OSDS facilities, isolation distances, property lines and location of structures are shown on an attached drawing.
  - Useable area for on site sewage disposal indicated on drawing
  - Potential area for replacement or reserve system indicated on drawing (Reserve area subject to Health Department approval)
5.  Tank was opened and probed      If No, explain: \_\_\_\_\_
  - Thickness of scum assessed.    Comments: \_\_\_\_\_
  - Liquid level assessed.    Comments: \_\_\_\_\_
  - Depth of sludge assessed.    Comments: \_\_\_\_\_
6.  Pumping necessary for assessment.    Comments: \_\_\_\_\_
7. \_\_\_\_\_ Auger borings in absorption area were performed. *If "No", go to #8.*
  - Thickness of soil over absorption field: \_\_\_\_\_"

Comments \_\_\_\_\_  
\_\_\_\_\_

8. Check all observations that apply:
 

<input type="checkbox"/> Back flow to tank when pumped.	<input type="checkbox"/> Sewage odors in the vicinity of the absorption field
<input type="checkbox"/> Saturated soil over absorption field	<input type="checkbox"/> Wastewater back-up
<input type="checkbox"/> Liquid breakout on the surface	<input type="checkbox"/> Presence of high groundwater
<input type="checkbox"/> Landscaping over system	<input type="checkbox"/> System in disrepair
<input type="checkbox"/> Illicit discharge to surface water	<input type="checkbox"/> Other _____

Comments \_\_\_\_\_  
\_\_\_\_\_

**Note to inspector:** If any required information is not provided in this section, you must make a Provisional Conclusion 1, Provisional Conclusion 2, or Conclusion 5 in the following Worksheet Section 4. When a follow up inspection is made, please complete any missing information in this section and return a copy to the Township and to the property owner.

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### Worksheet Section 4: Inspector's Findings

- Conclusion 1 (Pass)** ALL of the following are met:
- o A review of the septic system permit and final inspection indicates system conforms to current Grand Traverse County Health Department's Environmental Health Regulations; and
  - o System is in good operational status; and
  - o Building served by the system has not been vacant for greater than 14 days prior to inspection.
- Provisional Conclusion 1 (Pass with follow up required)**  
Building served by the system has been vacant for greater than 14 days prior to inspection. Full evaluation of the system cannot be made at this time. A follow-up investigation shall occur 60-90 days following occupancy with conclusions sent to the Township.  
Contact the inspector at the following phone number: \_\_\_\_\_
- Conclusion 2 (Pass)** The system does not meet the current Grand Traverse County Health Department's Environmental Health Regulations, but meets ALL of the following:
- o A septic tank with a minimum capacity of 800 gallons and in working condition; and
  - o A soil absorption system that in not in a state of failure and which does not have a documented history of failure or evidence of physical damage; and
  - o Building served by the system has not been vacant for greater than 14 days prior to inspection.
- Provisional Conclusion 2 (Pass with follow up required)**  
Building served by the system has been vacant for greater than 14 days prior to inspection. Full evaluation of the system cannot be made at this time. A follow-up investigation shall occur 60-90 days following occupancy with conclusions sent to the Township.  
Contact the inspector at the following phone number: \_\_\_\_\_
- Conclusion 3 (Fail, No Hazard)** The system does not conform to current standards and may constitute a current or future health or safety hazard. Correction is highly recommended. ***System shall be referred to the Health Department.*** Conditions that may warrant Conclusion 3 include:
- o Septic tank capacity is less than 800 gallons; or
  - o System was found to be in a state of failure as evidenced by saturated or flooded conditions, history of malfunction, evidence of physical damage, or other indicators.
- Conclusion 4 (Fail, Hazard Present)** The system presents an imminent health hazard and ***shall be referred to the Health Department.*** Include the potential health hazard, alternative corrections, and suggest a reasonable timeline for correction. Situations that may be present include:
- o Wastewater discharging to storm drain, surface water, or ground surface; or
  - o Wastewater is observed in the basement of the home; or
  - o Septic tank is caving in; or
  - o System is subject to flooding as demonstrated by the elevation of the bottom of the drain bed within the 10 year floodplain elevation.
- Conclusion 5 (Insufficient Information, Re-inspect)** An adequate assessment of the condition of the system could not be made. Examples include:
- o The septic tank and/or drainage bed cannot be located or verified due to weather/other conditions.
  - o Property is seasonal only

Comments & Recommendations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Inspector's Statement

I, \_\_\_\_\_  
 being an OSDS inspector properly registered and in good standing with Long Lake Township in Grand Traverse County, Michigan, do hereby certify that I inspected the On Site Sewage Disposal System serving the property referenced above. I further certify that this report contains all knowledge I have concerning the operation and functioning of said system(s).

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

Long Lake OSDS Registration Number \_\_\_\_\_