



**THE CHARTER TOWNSHIP OF COMMERCE**  
**2009 Township Drive**  
**Commerce Township, MI 48390**

**ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

**PROPERTY INSPECTED**

Parcel #: \_\_\_\_\_

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

**CURRENT OWNER**

Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**PROPERTY STATUS**

☐ Occupied

☐ Vacant

**ADVANCED TREATMENT**

YES

NO

☐☐

Does the system have an advanced treatment system?

☐☐

Is system functioning as designed and receiving regular maintenance inspections?

**SEPTIC TANKS**

Number of septic tanks \_\_\_\_\_

Total volume \_\_\_\_\_

\_\_\_\_\_ gallons

YES

NO

☐☐

Wastewater is observed on the ground?

☐☐

Backflow occurred at pumpout?

☐☐

Condition of outlet device acceptable?

☐☐

Evidence of tank leaks?

☐☐

Failure of tank structure?

☐☐

Liquid above invert or tank outlet?

☐☐

Sewage from structure bypasses tank

☐☐

Part or all the tank under pavement?

☐☐

Is access to tank in good condition?

☐☐

Are tree roots present?

### ABSORPTION SYSTEM

☐ Elevated

☐ Bed

☐ Trench

☐ Other - specify \_\_\_\_\_

Approximate square feet of absorption area \_\_\_\_\_

Approximate lineal feet of drain lines \_\_\_\_\_

YES

NO

☐☐

**EXPOSED EFFLUENT ON GROUND SURFACE?**

☐☐

**LIQUID STANDING IN DRAINFIELD STONE?**

☐☐

Effluent discharging to a watercourse, surface drain or storm sewer?

### SKETCH

This report is based upon conditions observed at time of the evaluation.

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

Evaluator's signature \_\_\_\_\_

Company name \_\_\_\_\_

Company Address \_\_\_\_\_

Telephone #: \_\_\_\_\_

County \_\_\_\_\_

Registration # \_\_\_\_\_

Provide copy for County registration