

LIBERTY COUNTY SEPTIC VERIFICATION REPORT

Property Owner: _____

Address: _____

Legal Description: _____

Inspection Date: _____

OSSF TYPE Conventional <input type="checkbox"/> Aerobic Drip <input type="checkbox"/> Aerobic Spray <input type="checkbox"/> Other: _____	Are risers visible? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is the separation between the well and the septic meet requirements? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SEPTIC TANK: <u>Tank Size Description</u> <u>TYPE MATERIAL</u> <u>MANUFACTURER</u> (if visible): _____	SLUDGE LEVEL: <u>Condition of Sanitary Tees:</u> Inlet T: _____ Outlet T: _____
Are the following items operating properly? (If this applies to the system installed) Aerator: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Filter: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Irrigation Pump: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Disinfection Device: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Electrical Circuits: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DISPOSAL AREA ANY EVIDENCE OF MALFUNCTION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Visibility of any of the following: discharge of pipe, unusual vegetation, localized surface settling? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Does the disposal area meet setback requirements? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STRUCTURE INFORMATION Structure Type _____ Number of bedrooms _____ Are there any additional structures on the property? If so, please give a description below. _____ _____	
Does this septic system meet the requirements of Liberty County and the T.C.E.Q. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

INSPECTION INFORMATION

Must be a Texas License OSSF Installer or an engineer

Inspection completed by: _____

Phone number: _____

Installer Signature: _____ License Number: _____