

SAN JACINTO COUNTY SEPTIC INSPECTION REPORT

Date: _____ Address: _____

Tank Type: _____ Number of Tanks: _____

Two-way clean out: Yes or No One way baffle inside tank: Yes or No

Type of System inspected: Aerobic Drip or Conventional

If Aerobic please indicate number of spray heads and radius. _____

If drip please indicate SF/LF of drip lines. _____

If conventional please indicate approximate feet of field lines. _____

Are proper set-backs met? _____

Indicate how the system was tested. _____

Is system designed to meet the correct GPD flow of structure(s)? _____

How many structures are tied into system? _____

Indicate operational level of tanks and system.

Does system have a current maintenance contract? Yes or No

Name of Inspector and/or Company AND TCEQ license number:

Please submit to:
San Jacinto County Permitting Department
1 State Highway 150, Room 3
Coldspring, TX 77331
(936) 653-3823
sjcpermits@san-jac.us