

## TIME OF SALE INSPECTION REPORT FOR RESIDENTIAL ONSITE WATER SUPPLY & SEWAGE DISPOSAL SYSTEMS

*This report is submitted as required by the Washtenaw County Regulation for the Inspection of Residential Onsite Water and Sewage Disposal Systems at Time of Property Transfer. This report is to only be completed by inspectors certified by the Washtenaw County Environmental Health Division.*

Property owner name: \_\_\_\_\_

Property street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ Property Tax ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Information in this box MUST be complete for report to be processed.*

### SEND REPORT TO:

Applicant name: \_\_\_\_\_ Company: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age of home: \_\_\_\_\_ years      Number of bedrooms: \_\_\_\_\_      Number of bathrooms: \_\_\_\_\_

Current number of residents: \_\_\_\_\_ - **OR** - Time of vacancy: \_\_\_\_\_ months

Date(s) inspected: \_\_\_\_\_

System(s) inspected:  Onsite Water Supply (Reason not inspected \_\_\_\_\_)

Onsite Sewage Disposal (Reason not inspected \_\_\_\_\_)

***Being a Washtenaw County Certified Inspector, I inspected the onsite water supply and/or onsite sewage disposal system indicated above. I certify that this inspection was conducted within the guidelines established by Washtenaw County and was completed in a thorough and complete manner. Further, I certify that this report includes all knowledge that I have concerning the operation and function of said system(s).***

Inspector Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Site plan submitted / attached:  Yes  No      Water samples submitted / attached:  Yes  No  N/A

### OFFICE USE ONLY

### RECEIPT

- Applicant information complete
- Water samples (bacteria, arsenic, nitrate) included, if applicable
- Site plan included

TOS 20 \_\_\_\_\_ - \_\_\_\_\_

Project #: \_\_\_\_\_

# WATER SUPPLY SYSTEM

Age of well: \_\_\_\_\_ Permit #: \_\_\_\_\_ Approval date: \_\_\_\_\_

Well depth: \_\_\_\_\_ feet Verified from:  Well log  Driller  County records  Owner

**Location:**

- On property
- Off property

Shared well:  Yes  No

Flowing well:  Yes  No

If Yes, flow discharged properly:  Yes  No

Number of other wells on property: \_\_\_\_\_

Complete for each additional well:

Use: \_\_\_\_\_

Diameter: \_\_\_\_\_ inches

In use and produces water:  Yes  No

Separate from potable water supply:  Yes  No

**Isolation distances not met:** (fill in actual distance if minimum not met)

- Drainfield (<100 ft.) \_\_\_\_\_ ft.
- Septic tank (<50 ft.) \_\_\_\_\_ ft.
- Grinder pump (<50 ft.) \_\_\_\_\_ ft.
- Sewer line (<50 ft.) \_\_\_\_\_ ft.
- HazMat storage (<100 ft.) \_\_\_\_\_ ft.
- Fuel oil tank (<100 ft.) \_\_\_\_\_ ft. Buried:  Yes  No In basement:  Yes  No Concrete floor:  Yes  No

**Pump Type:**

- Submersible
- Deep well jet\*
- Shallow well jet\*
- Other: \_\_\_\_\_\*

\*Protected suction line:  Yes  No

**Cycling:**

- Long (>90 sec.)
- Adequate (30-90 sec.)
- Short (<30 sec.)

Yield (approx.): \_\_\_\_\_ gpm

Casing diameter: \_\_\_\_\_ inches

**Termination:**

- Above grade (\_\_\_\_\_ inches above ground)
- Basement offset (\_\_\_\_\_ inches above floor)
- Drained pit (\_\_\_\_\_ inches above floor)
- Undrained pit
- Dug well
- Not found / buried

**Well cap:**

- Structurally sound
- Cap loose
- Cap missing
- Cap loose with insects
- Cap / conduit / casing damaged

**Venting:**

- Not vented
- Screened vent
- Unscreened vent
- Unscreened vent with insects

**Water treatment in use:**

- Softener
- Sediment filter
- Iron removal
- Reverse osmosis\*\*  Point of use  Whole house
- Other: \_\_\_\_\_

Water treatment discharge air gapped:  Yes  No

**\*\*Initial water samples must be taken from untreated water. Additional arsenic sample should be taken from treatment device.**

# SEWAGE DISPOSAL SYSTEM

Permit #: \_\_\_\_\_

Approval date: \_\_\_\_\_

Location:

Municipal / sanitary sewer available:  Yes  No

On property

Off property

## NOT CONNECTED TO SYSTEM:

Toilet(s)

Sink(s)

Shower(s)

Tub(s)

Laundry

Other: \_\_\_\_\_

## CONNECTED TO SYSTEM:

Footing drains

Water treatment discharge(s)

HVAC discharge(s)

Storm water drain(s)

Other: \_\_\_\_\_

**SEPTIC TANK(S):** *If septic tanks have not been previously inspected and approved by this Department, a Septic Tank Maintenance Report from a Licensed Sewage Pumper must be attached.*

Number of tanks: \_\_\_\_\_

Total capacity: \_\_\_\_\_ gallons

Verified by:  County records

Pumping receipts

Last pumped: \_\_\_\_\_ years ago

Accessible for pumping:  Yes  No

Tank access within 18" of grade:  Yes  No

Pump alarm functional:  Yes  No

If No, please explain: \_\_\_\_\_

**Isolation distances not met:** *(fill in actual distance if minimum not met)*

Surface water (<25 ft.) \_\_\_\_\_ ft.

Nearest well (<50ft.) \_\_\_\_\_ ft.

## DISPOSAL AREA(S):

Number:

None found

One

Multiple / one connected

Multiple connected\*

Multiple with diverter\*

Type:

Bed - conventional

Bed - deep excavation

Bed - raised

Modified fill

Trenches

Dry well

Other: \_\_\_\_\_

Size of bed: \_\_\_\_\_ sq. ft. ( \_\_\_\_\_ ft. X \_\_\_\_\_ ft.)

Verified by:

County records

Field measurement

Number of Trenches: \_\_\_\_\_

Trench width: \_\_\_\_\_ ft. Trench length: \_\_\_\_\_ ft.

**\*Note: If multiple fields are connected please include additional Page 4 for each field and show on site plan.**

**DRAINFIELD CONDITION:** *Show location and condition of each test hole on site plan.*

**Sewage exposed** (including back-up, direct discharge, surfacing, etc.):  Yes  No

**Depth of cover:** \_\_\_\_\_ inches to \_\_\_\_\_ inches  
(minimum) (maximum)

**Encroachment on field:**  Yes  No  
(If Yes, show type and location on site plan.)

**Saturation of field:**

- None
- <50% below tile holes
- >50% below tile holes
- <50% above tile holes
- >50% above tile holes

**Sludge / Biomat in field:**

- None
- <50% below tile holes
- >50% below tile holes
- <50% above tile holes
- >50% above tile holes

**Tile:**

- Plastic - per records / age
- Plastic - per owner
- Concrete / clay - per records/age
- Concrete / clay - per owner
- Concrete / clay - observed  
(Approx. % blockage \_\_\_\_\_)

**Isolation distances not met:** *(fill in actual distance if minimum not met)*

- Nearest well (<100 ft.): \_\_\_\_\_ ft.
- Surface water (<50 ft.): \_\_\_\_\_ ft.

**Sandy soil under field:**  Yes  No

**Surface water diverted from system:**  Yes  No

**Woody vegetation on / within 5 feet of system:**  Yes  No

**Automatic sprinklers on / near system:**  Yes  No

**INSPECTOR OBSERVATIONS / COMMENTS / RECOMMENDATIONS**

Based on data presented in this inspection report, the Washtenaw County Environmental Health Division will issue a letter stating whether the water supply and / or sewage disposal system meets minimum standards for sale of the property. The following observations or recommendations for extending the life of these systems are in addition to any requirements addressed by the Environmental Health Division:

**ATTACH REQUIRED WATER SAMPLES (COLIFORM BACTERIA, NITRATES, ARSENIC) AND SITE PLAN TO REPORT**

(Site plans must contain **location** and **conditions** of each test hole and any tile excavation.)