


Alternative Onsite Sewage System Inspection Report

( indicates a required field)

Operator Information

Company Name

Email

License #

First Name

Middle Name

Last Name

Suffix

Building #

Street Name

Suite / Apt

City

State

Zip Code

Country

Phone #

Owner

Owner Name

Phone # (XXX) XXX-XXXX

Owner Mailing Address

Owner's Building #

Owner's Street Name / PO Box

Owner's Suite / Apt

Owner's City

Owner's State

Owner's Zip Code

System Location Information

Building #

Street Name

Suite / Apt

City

County / City

Tax Map/GPIN #

HD ID #

System Information

Number of Septic/Trash tanks

Total Septic Tank Capacity

Gallons

Treatment Unit 1

Treatment Unit 2

Conveyance

Distribution

Dispersal

Disinfection

Maintenance Activity

Visit Date

Visit Time

Visit Purpose

Actual/Estimated Flow (GPD)

Maintenance Needed

Maintenance Provided

- Attached Growth Medium
- Auxiliary Filter (e.g., Spin Filter)
- Blower/Compressor/Aerator Operation
- Control Operation
- Disinfection
- Dispersal System Operation
- Distribution Pump Operation
- Effluent Screens
- Level Sensor (Float) Operation
- None
- Recirculation Pump
- Septic Tank Baffles
- Sludge/Scum Accumulation

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Comments

Field Tests

Odor

DO (aeration tank)

 mg/L

Other:

Turbidity / Color

Settleable Solids

 %

pH

 SU

TRC (after contact tank)

 mg/L

Laboratory Tests

Date Collected

Laboratory results are:

Attached to this report

Will be sent separately (Laboratory results must be submitted via this report website)

Collection Point

Comments

Laboratory Name

Attach Lab report at bottom of page!

System Pumpout

Reason for pumping

Date Pumped

Disposal Site

Volume Pumped

Septic Tank 1
 gallons

Septic Tank 2
 gallons

Pump/Siphon Tank
 gallons

Treatment Unit 1
 gallons

Treatment Unit 2
 gallons

Other
 gallons

Pumpout Comments

Certification of Inspection and Results

I hereby certify

- This AOSS is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-613.
- This AOSS should now return to normal function after having provided the above stated routine maintenance.
- This AOSS is not functioning as designed or in accordance with the performance/maintenance requirements. The additional actions listed above are required to return the AOSS to normal function. ❌

This report provided to AOSS owner on

Date at Time

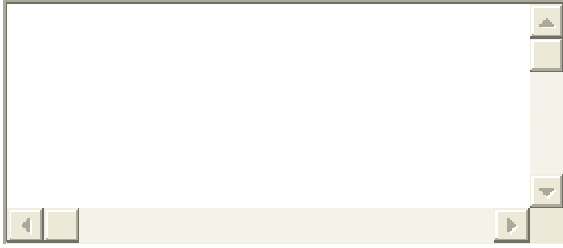
Operator Name

Operator License #

You must certify the system before adding attachments!

Attachments & Additional Comments

Additional Comments



Attach Photos

Attach Lab Results

If you want to print or save a report, please do so before submitting the report to VDH.

If you view the shopping cart before submitting this report, the information above will be lost.