Septic Tank Inspection Report Form WATER AUTHORITY-CAYMAN Onsite Wastewater Management Programme (OWMP)

Completed reports (by a licensed septage company) sh or hand delivered to the Water Authority's Administrat			
Service Provider Information	Service Visit Information		
Company:	Date & Time of Inspection:		
Technician:	Owner or representative preser	nt? If ves. Name & Pl	none Number:
Phone:			
Property Information			
Residential			Industrial
Site Address:	Block & Parcel:		industrial
Client Name:	Phone Number:		
Inspection Notes	Those Number.		
 When a developer proposes a change of use or addition at existing septic tank serviced and inspected by a licensed sep the tank's treatment capacity, obtain approximate dimensions of 	otage company. The purpose of the	service and inspection	
 Inspections shall include the tasks outlined below; any obvious Use caution when pumping tanks during high groundwater enough liquid in the tank to serve as ballast. Septic Tank General Conditions and Observation 	conditions as unsecured tanks may t		ter conditions, leave
•			
Is there a manhole (access) cover over each compa	artment (at least 2)?	Yes	No
Can all manhole covers be accessed and opened?		Yes	No
Are all manhole covers in good condition (water-tig	ght fit)?	Yes	No
Before pump-out:		N	N.,
Is water level normal (at level of outlet, 12 to 15 inc	hes below tank ceiling)?	Yes	No
During pump-out:		Vee	Na
Was all scum (floating layer) and most of sludge (s		Yes	No
Were inlet and outlet tees in good condition (tee ex	ttending 6 to 8 inches above a	Yes	
regular water level)? Was there any sign of water flowing back into tank	through outlot?	Yes	No No
Was there excessive concrete spalling / corrosion (NO
was there excessive concrete spalling / corrosion ((more than 1/2 men mto 4 men	Yes	No
Describe any repairs needed:		163	NO
Septic Tank Dimensions			
		0	3
			13
		Width	
Length (outside measurement):	feet	_	
Width (outside measurement):	feet	-	
Wet Depth (floor level to level of outlet):	feet	-	A
		Length	-
			Depth
Effluent Disposal Well General Condition			
Remove well cap to note the following: Is water levels	vel below the invert level?	Yes	No
Describe any repairs needed:			
Service Provider Certification			
The information contained on this form is accurate, bas	ed on a visual inspection made of	during pump-out serv	rice.
Signed:	Dated:		
Disclaimer: The Service Company makes no rep compliance with any applicable laws or regulatio implied, arising from the inspection.	-		
For Official Use			
Date of Receipt:			
	Date of Response:		