

Tank Inspection

This form is to certify an existing ISHD Rule 410 6-8.3 Sec. 59. Please pumping the tank and conducting a



Form

septic tank meets the requirements of complete the following information after visual inspection.

Date of Inspection: _____

Property Owner: _____

Phone Number: _____

Owner Address: _____

Approximate Tank Capacity _____ Gal. (*below water line*).

Max Water Depth in any compartment = 30 in. Yes No

Max Depth of water 6 ½ ft. or less Yes No

Proper Inlet Baffle Yes No

Proper Outlet Baffle Yes No

Access Manholes at least 18" in Diameter Yes No

Inspection access for inlet and outlet baffles Yes No

Are there Risers to Surface Yes No Secured with Child Proofing Yes No

Outlet Filter Present Yes No

Construction material Concrete Other: _____

Tank appears to be level Yes No

Tank appears to be watertight Yes No

Coated from corrosion Yes No

Overall condition of tank: Circle One Good Poor Acceptable for continued Use Yes No

Modifications needed for compliance with **ISDH Rule 410 IAC 6-8.3**: _____

In my best judgment (with the above modifications),
this tank would comply with ISDH Rule 410 6-8.3 Sec 37-39. Yes No

Company Name: _____

Signature of Inspector: _____

List Any Other People Present:
