

**NAPA COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICIAL SURFACE DRIP DISPOSAL FIELD INSPECTION REPORT**

PROPERTY OWNER (S): _____

SITE ADDRESS: _____

ASSESSOR'S PARCEL #: _____

HOMEOWNER/OPERATOR INTERVIEW: Interview Date: _____

1. Date of last septic tank pumping: _____
2. Date effluent filters were last cleaned: _____
3. Has the alarm sounded since the last inspection: YES NO
If yes, please explain: _____

4. Additional comments: _____

FIELD INSPECTION: Field Inspection Date: _____

SEPTIC TANK (S):

1. Visually inspect the exterior of the tank for signs of leaks or cracks:
2. Inspect risers for cracks, proper gas-tight seal:
3. Effluent filters and sanitary T inspected:
4. Odor:
 Normal (moldy/Musty/Earthy) Pungent (sulfite/Decay/Cabbage)
5. Visual observation of wastewater clarity:
 Oily Foamy dark brown (scum color & consistency) Murky (viscous)

SUMP TANK:

6. Visually inspect the exterior of the tank for signs of leaks or cracks:
7. Inspect risers for cracks, proper gas-tight seal:
8. Odor:
 Normal (Moldy/Musty/Earthy) Pungent (Sulfite/Decay/Cabbage)
9. Visual observation of wastewater clarity:
 Oily Foamy dark brown (scum color & consistency) Murky (viscous)
10. Pump floats tested and visually inspected:
11. Alarm float tested and visually inspected:
12. Piping (pump line, check valves, gate valves, unions, etc):
13. Visual inspection of electrical conduits for signs of moisture/corrosion:

14. Control Panel:

Today's Date	Flow Meter Reading	Previous Flow Meter Reading	Date of Previous Reading	Total Gallons	Gallons per Day

PRE-TREATMENT:

1. Pretreatment type: _____ N/A
2. Pretreatment tested and visually inspected:
3. Water quality tested: YES; date: _____ NO

IRRIGATION DISTRIBUTION:

1. Irrigation components visually inspected:
2. Piping (check valves, gate valves, unions, etc):
3. Condition of irrigation components: GOOD DAMMAGED

DISPOSAL FIELD:

Design Flow: _____

1. Disposal field drip tubing condition: GOOD DAMAGED
2. Disposal field vegetation type: _____
3. Disposal field vegetation growth: NONE GOOD OVERGROWN
4. Surface drainage away from system: YES NO

COMMENTS: _____

INSPECTOR: _____ DATE: _____