



**THE CHARTER TOWNSHIP OF COMMERCE**

**2009 Township Drive**

**Commerce Township, MI 48390**

**ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

**PROPERTY INSPECTED**

**Parcel #:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**CURRENT OWNER**

Name

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email

\_\_\_\_\_

**PROPERTY STATUS**

☐

Occupied

☐

Vacant If Vacant, for how long? \_\_\_\_\_

***IF VACANT FOR MORE THAN 10 DAYS, IT IS RECOMMENDED TO HOLD ESCROW FUNDS FOR 3 MONTHS TO VERIFY STATUS***

**ADVANCED TREATMENT**

YES

NO

☐☐

Does the system have an advanced treatment system?

☐☐

Is system functioning as designed and receiving regular maintenance inspections?

**SEPTIC TANKS & ABSORPTION SYSTEM**

Number of septic tanks

\_\_\_\_\_

Total volume

\_\_\_\_\_

Gallons

☐

Elevated

☐

Bed

☐

Trench

☐

Other - specify

Approximate square feet of absorption area

\_\_\_\_\_

Approximate lineal feet of drain lines

\_\_\_\_\_

YES

NO

☐☐

**Wastewater is observed on the ground?**

☐☐

Is the condition of the tank inlet and outlet acceptable?

☐☐

Does the tank have access risers provided?

☐☐

If tank was pumped, was backwash from the field observed?

☐☐

**Effluent discharging to a watercourse, surface drain or storm sewer?**

☐☐

Is the stone in the field saturated or is black stone present?

☐☐

Are tree roots present in the field area?

☐☐

Is the field located under any structures?

Notes Related to the Inspection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SKETCH

This report is based upon conditions observed at time of the evaluation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Evaluator's signature

Company name \_\_\_\_\_

Company Address

Telephone #:

County	Registration #
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Commerce registration number

**\*\*This evaluation is based solely on the conditions on the site, on the date of the evaluation. This evaluation is NOT a complete inspection of the on-site septic system and does not imply or guarantee any issues with the system in the future.**