


## 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

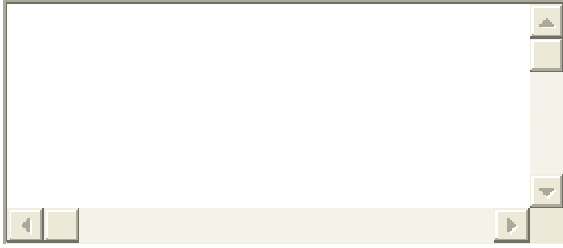
Operator Name

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.**