

**CLAY COUNTY HEALTH DEPARTMENT
PRIVATE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

REGION _____ DATE _____

APPROVAL NUMBER _____ COUNTY _____

PROPERTY OWNER _____

INSTALLATION CONTRACTOR _____

(License Number)

DEALER _____

INSPECTOR _____

AERATION SYSTEM MODEL NUMBER INSTALLED _____

LOCATION OF SYSTEM FROM DWELLING _____

LOCATION OF DISCHARGE POINT _____

(Street, Ditch, Common Drain, Ground)

LOCATION OF ALARM _____

COMPLIES WITH CODE

	YES	NO
PIPING MATERIAL SIZE _____ MATERIAL _____	()	()
ASTM# _____	()	()
COMPONENTS SET LEVEL	()	()
ELEVATION OF SYSTEM	()	()
N.S.F. SEALS APPLIED (Motor & Control Box)	()	()
SERVICE INFORMATION AVAILABLE (Data Plate)	()	()
FLOAT ASSEMBLY IN AERATION TANK	()	()
AUDIBLE & VISUAL ALARMS	()	()
CHLORINE CONTACT CHAMBER CAPACITY _____ Gallons	()	()
DISCHARGE LINE CAPPED – (If Components Not Installed)	()	()

BUILDING SEWER TO

WELL SUCTION LINE 50' _____ WATER LINE 10' _____ LAKE/STREAM 25' _____

AEROBIC TANK TO

WELL/SUCTION LINES 50' _____ WATER LINE 10' _____ LAKE/STREAM 25' _____

DWELLING 5' _____ PROPERTY LINE 5' _____

SURFACE DISCHARGE LINE TO

WELL/SUCTION LINES 50' _____ WATER LINE 10' _____ LAKE/STREAM 25' _____

DWELLING 5' _____ PROPERTY LINE 5' _____

COMMENTS _____
