

**Inspection Form for Operating Septic Systems**  
 Type Inspection:  1st Baseline – Detailed Evaluation  Routine Maintenance

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ Weather: \_\_\_\_\_  
 Inspector Name & Company: \_\_\_\_\_  
 Pumper Name & Company: \_\_\_\_\_  
 Others Present During Inspection: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Tax Map Number: \_\_\_\_\_ DHEC Permit Number: \_\_\_\_\_  
 Type of System (DHEC code if available): \_\_\_\_\_  Copy of Permit Attached

**SITE OBSERVATIONS**

Property in use:  Yes  No [ Full time  Vacation Rental  Vacant  Other  Unknown]  
 General Site Conditions:  
 Grass cover/vegetation condition: \_\_\_\_\_  
 Surface Ponding  System area  Other areas  
 Protective Barriers Present  Effective  Not effective  Evidence of vehicular traffic  
 Surface runoff/gutters directed away from system  Yes  No  N/A  
 Evidence of erosion around system  
 Malfunction at time of inspection:  Yes  No  
 Surface discharge via straight-pipe or damaged plumbing [ Grey water  Black water  Unknown]  
 Surface discharge in area of tank  
 Surface discharge within tile field area  
 Surface discharge at edge of tile field area  
 Surface discharge - bleed-out away from system location  
 Evidence of past failure / Note evidence: \_\_\_\_\_  
 Other problems noted below and on site diagram (diagram on page 2 of form)

**City of Folly Beach**  
 843-588-2447 Fax: 588-2004  
 21 Center Street  
 P. O. Box 48  
 Folly Beach, SC 29439

**SYSTEM EVALUATION**

**Tank**  
 Accessible:  Yes  No  
 Lid(s) need repair:  Yes  No  
 Liquid operating level:  at outlet invert  above outlet invert  below outlet invert  
 Scum layer thickness: (in.) \_\_\_\_\_ Sludge layer thickness: (in.) \_\_\_\_\_  
 Tank pumping recommended (sludge plus scum occupy 35% or more of tank volume):  Yes  No  
 Tank pumped of all liquids and solids:  Yes  No  N/A Approx. volume pumped (gals): \_\_\_\_\_  
 Water stream flowing into tank from house:  Yes [ trickle  steady flow]  No  N/A  
 Water stream flowing into tank from drainfield:  Yes [ trickle  steady flow]  No  N/A  
 Inlet tee needs repair:  Yes  No  
 Outlet tee needs repair:  Yes  No  
 Tank composition: \_\_\_\_\_ Approx. size of tank (gals): \_\_\_\_\_  
**Pump Tank** Present:  Yes  No Solids Measured:  Yes  No Service recommended:  Yes  No  N/D

**Drainfield** (determine drainfield configuration if permit is not available)  
 Depth to top of rock: (in.) \_\_\_\_\_  
 Trench width: (ft.) \_\_\_\_\_ length: (ft.) \_\_\_\_\_ number of trenches: \_\_\_\_\_  
 Distance to nearest property line: (ft.) \_\_\_\_\_ Distance to nearest drainage feature: (ft.) \_\_\_\_\_

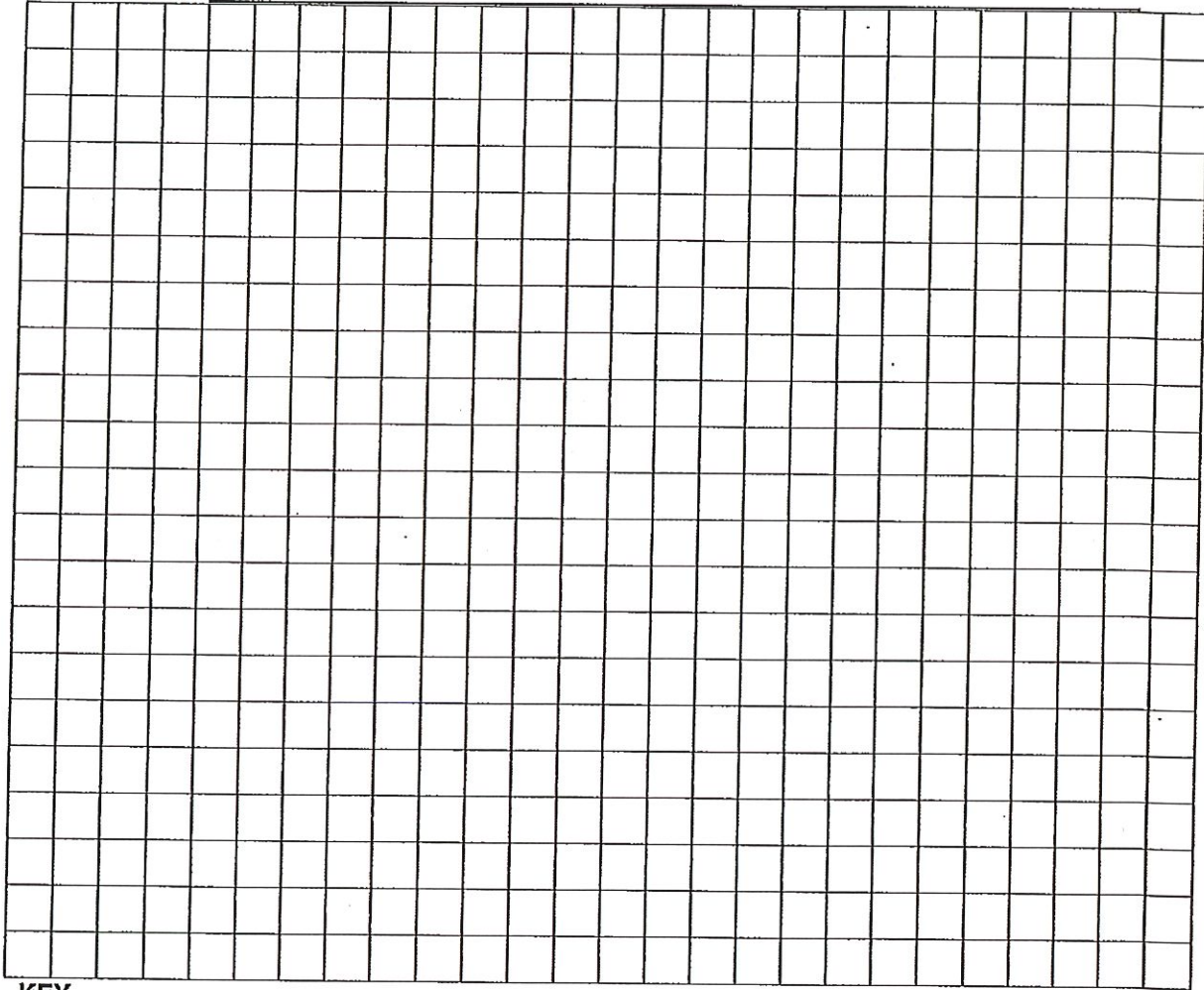
Recommended time frame for next inspection: \_\_\_\_\_  
 OVERALL SYSTEM CONDITION:  Acceptable  Unacceptable [ Items to Correct noted on Page 2]  
 Inspector Signature: \_\_\_\_\_

*Disclaimer: The above information indicates the conditions of the septic system at the time of inspection. This is not a guarantee or warranty of future system performance.*

N/A = Not Applicable N/D = Not Determined

SKETCH SYSTEM LAYOUT IF PERMIT SKETCH NOT AVAILABLE  
(INCLUDE HOUSE, OUT BUILDINGS & OTHER PERTINENT FEATURES)

Site Identifier:



**KEY**

- Building :
- Drainfield : -----DF-----
- Septic tank : ST
- Well : W

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NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ITEMS TO CORRECT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tank lid(s) secured       Tools collected      INSPECTOR INITIALS: \_\_\_\_\_