

Inspection Form for Operating Septic Systems

Type Inspection: 1st Baseline -- Detailed Evaluation Routine Maintenance

Date of Inspection: 3-17-23 Time: 10:30 Weather: Clear

Inspector Name & Company: Christian Drum ISS

Pumper Name & Company: Christian Drum ISS

Others Present During Inspection: Niel Anderson

Property Owner: _____

Site Address: 706 E. Cooper

Tax Map Number: _____ DHEC Permit Number: 10026

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: Vegetation

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
843-688-2447 Fax: 888-2004
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.) 3" Sludge layer thickness: (in.) 9"

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): 1000 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: concrete/lid Approx. size of tank (gals): 1000 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.) 18-20"

Trench width: (ft.) 1' length: (ft.) 30' number of trenches: 1

Distance to nearest property line: (ft.) 10' Distance to nearest drainage feature: (ft.) _____

Recommended time frame for next inspection: 3-5 years

OVERALL SYSTEM CONDITION: Acceptable Unacceptable Items to Correct noted on Page 2

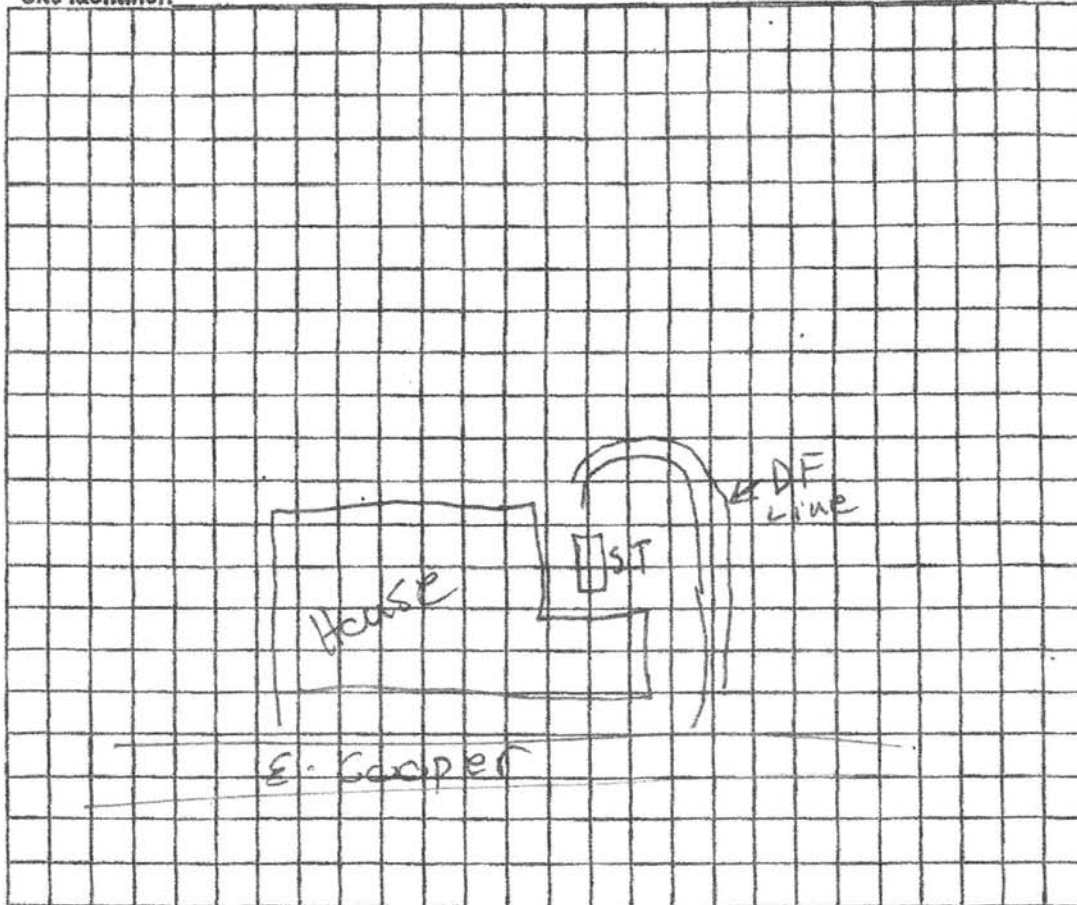
Inspector Signature: Christian Drum

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

City of Folly Beach
 843-588-2447 Fax: 588-2004
 21 Center Street
 P. O. Box 46
 Folly Beach, SC 29430

NOTES: System is working

ITEMS TO CORRECT: None

Tank lid(s) secured Tools collected INSPECTOR INITIALS: CHD