

Anew Septic

719-539-6104

Septic Tank Inspection Certification

Property Owner: _____ Date of Inspection: 8-4-2023

Service Address: 15573 Coounty Road 260 Salida CO

System Description: _____ Aerobic Tank Septic Tank _____ D-Box

_____ Dosing Tank _____ Sand Mound

_____ Plate Settlers _____ Secondary Septic Tank

_____ Other

1. Are there any obvious indications of leakage? _____ Yes No

If yes, explain:

2. Are baffles in acceptable condition? Yes _____ No

If no, explain: N/A

3. Any problems indicated from survey of the general area? _____ Yes No

4. If yes, explain:

5. Was a flow test conducted? Yes _____ No

If yes, and it did NOT pass, explain:

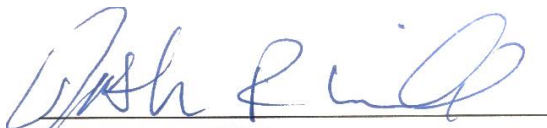
6. Additional Comments:

At time of inspection system seems to be in good working condition. Keep up with routine maintenance, usage will determine maintenance intervals.

I verify that the information listed in this certification is true and correct to the best of my knowledge, information and belief.

Inspection performed by:

Josh O'Neill (Owner)


Signature