**Condition Assessment**

**VDH Use Only**

HDIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VPDES GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Owner and Application Information**  Repair Voluntary Upgrade  |
| **Name: Phone Number:**  |
| **Address:** |
| **Email:** |

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| **System Location** |
| **Address:** |
| **Tax Map/GPIN #:** |
| **Subdivision: Section: Block: Lot:** |
| **Directions:**  |

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| **System File Information** |
| **Permit Type**: 🞏 Onsite Disposal 🞏 Stream Discharging System  |
| **Property Type:** |
| **Permitted Design Flow:** gpd **Permitted #Bedrooms:** |
| **System Type:** 🞏 Conventional 🞏 Alternative If Alternative, Treatment Mfg. & Model: |
| **Dispersal Method:** 🞏 Gravity 🞏 Pump to Gravity 🞏 LPD 🞏 Drip |
| **Dispersal Media**: 🞏 Gravel 🞏 Gravelless Material 🞏 Tire Chips 🞏 Sand Gravelless Type: Notes: |
| 🞏 Attach a Copy of As-built drawing or drawing of system layout |

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| **Existing System Evaluation**Failure Observed or reported by owner: 🞏 Yes 🞏 No: 🞏 Backup into home 🞏 Effluent on the ground surfaceIf failure observed or reported by owner, **REPAIR** permit **REQUIRED.**Number of Occupants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date System Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Number of Bedrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_Has property been occupied during previous 30 day period? 🞏 Yes 🞏 No Garbage Disposal: 🞏 Yes 🞏 No Water Softener: 🞏 Yes 🞏 No Jacuzzi/Hot Tub: 🞏 Yes 🞏 NoDate of Last Septic Tank Pump Out: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Operator Visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Component Status** (place check under appropriate box) |
| **Component** | **Present**  | **Inspected**  | **Functional**  | **Non-Functional** | **Observations/Comments** |
| Sewer Line |  |  |  |  |  |
| Septic Tank |  |  |  |  |  |
| Septic Tank Tees |  |  |  |  |  |
| Treatment Unit |  |  |  |  |  |
| Pump Chamber |  |  |  |  |  |
| Pump |  |  |  |  |  |
| Disinfection |  |  |  |  |  |
| Conveyance Line |  |  |  |  |  |
| D-Box |  |  |  |  |  |
| Splitter Manifold |  |  |  |  |  |
| Header Trench |  |  |  |  |  |
| Dispersal Pipe |  |  |  |  |  |
| Dispersal media |  |  |  |  |  |
| Dispersal Field |  |  |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Additional Analyses**  |
| **Analysis** | **Needed**  | **Conducted**  | **Observations/Comments** |
| Flow |  |  |  |
| Wastewater Sample |  |  |  |
| Dye Test |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
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| **Additional Comments and Observations:** |
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| **Sketch, if applicable:** |
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| **Recommended Action:** 🞏 Repair  |
| Identify Probable Cause of Component Malfunction (check all that apply): 🞏 Unknown 🞏 Damaged/Compromised 🞏 Deterioration 🞏 Hydraulic Overload 🞏 Organic Overload 🞏 Improper Maintenance 🞏 Root InfiltrationDescribe temporary corrective recommended action(s) and purpose of action(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Describe Permanent recommended action(s) and purpose of action(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Form Completed By:** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional License Type and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Recommended Action:**  🞏 Voluntary Upgrade |
| If Voluntary Upgrade, Describe recommended action(s) and the ‘improvement’ associated with the voluntary upgrade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Owner must provide signature to following statement:***As the owner, I have not observed any sewage on the ground or experienced a backup of sewage into my home***. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Form Completed By:** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional License Type and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |