

FLATHEAD BASIN SEPTIC MAINTENANCE REIMBURSEMENT PROGRAM

SEPTIC PUMPING/INSPECTION CHECK-REPORT

This form must be filled out and signed by the contracted pumper in order to receive reimbursement along with a copy of the pumping/inspection invoice

**This form does not count towards a real estate inspection **

Αp	plicant Name								
Septic Contractor									
Date of Pumping/ Inspection									
1.	Capacity of septic tank								
2.	Are manhole covers fun Yes	ctional, without d No	amage and secure N/A	ly fastened?					
	Evaluate presence of o dene Mild	l or within 10ft of p Chemical	perimeter of syste Strong	m Sour					
4.	Any indicators of previo	ous tank failure? No	N/A						
5.	Does the current effluer Yes	nt level and scum No	line appear to be n N/A	ormal within the tank?					
6.	Are the inlet and outlet Yes	baffles present a n No	nd without visible o N/A	damage or deterioration?					
7.	If an effluent filter is pre Yes	esent, does it appe No	ear functional? N/A						
8.	Does the septic tank ap	pear to be free of	apparent structura	al damage?					

	Yes	No	N/A							
9. Was back flow observed from the outlet pipe?										
	Yes	No	N/A							
10. If system contains a pump, is the pump operational?										
	Yes	No	N/A							
11. Statement of Condition										
Satisfa	ctory Needs Atte	ntion								
12.	Additional Septic Contractor Comments / Recommendations									
Pumpe	er/Inspector Signature		Date							

Email or Mail Completed Form and Septic Contractor Invoice to:

Camryn Gamble flatheadsepticprogram@macdnet.org (406)-858-0566

Lake County Conservation District 64352 US Highway 93 Ronan, MT 59864