



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

Applicant Name _____

Septic Contractor _____

Date of Pumping/ Inspection _____

1. Capacity of septic tank

2. Are manhole covers functional, without damage and securely fastened?

Yes No N/A

3. Evaluate presence of odor within 10ft of perimeter of system

None Mild Chemical Strong Sour

4. Any indicators of previous tank failure?

Yes No N/A

5. Does the current effluent level and scum line appear to be normal within the tank?

Yes No N/A

6. Are the inlet and outlet baffles present and without visible damage or deterioration?

Yes No N/A

7. If an effluent filter is present, does it appear functional?

Yes No N/A

8. Does the septic tank appear to be free of apparent structural 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

Satisfactory

Needs Attention

12. Additional Septic Contractor Comments / Recommendations

Pumper/Inspector Signature

Date

Email or Mail Completed Form and Septic Contractor Invoice to:

Jillian Henrichon

flatheadsepticprogram@macdnet.org

(406)-858-0566

Lake County Conservation District

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Ronan, MT 59864