



**Flathead Basin Septic Maintenance Reimbursement Program 2024
Septic Pumping/Inspection Check-Report**

This form must be completed and signed by the contracted pumper in order to receive reimbursement along with proof of payment, e.g. paid invoice or receipt

Applicant Name: _____

Septic Contractor: _____

Date of Pumping/Inspection: _____

1. Type of System (*gravity, pressure-pumped, etc.*): _____

Capacity (volume) of septic tank: _____

2. Approximate level of Septage in tank

Completely Full Two-thirds Half Below Half Full

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

None Mild Chemical Strong Sour

4. Are manhole covers functional, without damage and securely fastened? YES NO N/A

5. Any indicators of previous tank failure? YES NO N/A

6. Does the current effluent level and scum line appear to be normal within the tank? YES NO N/A

7. Are the inlet and outlet baffles present and without visible damage or deterioration? YES NO N/A

8. If an effluent filter is present, does it appear functional?	YES	NO	N/A
9. Does the septic tank appear to be free of apparent structural damage?	YES	NO	N/A
10. Was back flow observed from the outlet pipe?	YES	NO	N/A
11. If the system contains a pump, is the pump operational?	YES	NO	N/A
12. Is there an alarm in the system?	YES	NO	N/A
12a. Has it gone off recently?	YES	NO	N/A
12b. Does the homeowner know what it is and how it works?	YES	NO	N/A
13. Statement of Condition:	-SATISFACTORY-	-NEEDS ATTENTION-	
14. Additional Septic Contractor Comments / Recommendations:			

Pumper/Inspector Signature **Date**

Email or Mail Completed Form and Septic Contractor Invoice/Receipt to:
 Lake County Conservation District | flatheadsepticprogram@macdnet.org
 Lake County Conservation District
 64352 US Highway 93
 Ronan, MT 59864

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