

# Inspection Request for Existing Onsite Wastewater Treatment System

**INSTRUCTIONS:**

Fill out this form completely. Then, do one of the following:

1. Save the completed form, attach to email, send a copy to [septic@plattehealth.com](mailto:septic@plattehealth.com), and phone 858-2412 to pay \$75 by credit or debit card; **or**
2. Mail the completed form and a check or money order in the amount of \$75 made payable to PCHD to Platte County Health Department, 212 Marshall, Platte City, MO 64079. Do not send cash.

**REQUESTER'S RESPONSIBILITIES:**

1. Ensure the septic tank is open for the initial inspection and hydraulic load test\*\*.
2. Coordinate schedules so that the septic tank Pumping Contractor and the Inspector arrive at the same time.
3. Ensure that the Requester, Owner, or Agent are present to allow access inside the house.
4. Monitor plumbing fixtures during the hydraulic load test to ensure that overflow doesn't occur.

* Address of Property:			
* Owner(s) of Property:			
Directions to Property:			
* Inspection Requested By:		* Email Address of Requester:	
* Phone #:	Fax #:	* Mailing Address of Requester:	
General Information			
* Water Supply: ( ) Public ( ) Private	Lot Size:	* House Construction Date:	* Automatic Dishwasher: ( ) Yes ( ) No
* Number of Bedrooms:	* Abandoned Wells or Cisterns: ( ) Yes ( ) No	* Hot Tub/Spa: ( ) Yes ( ) No	* Garbage Disposal: ( ) Yes ( ) No
Type of Sewage System:		* Is House Vacant: ( ) Yes ( ) No	
Special Instructions:		If yes, how long? _____ days	
* Signature of Requester:		Dogs on Property: ( ) Yes ( ) No	* Date:
<b>OFFICE USE ONLY</b>			
By signing, Requester accepts responsibilities listed at top of form.		Date Received:	Date Paid: Request #:

\* Required Field

\*\*The hydraulic load test must be conducted before the septic tank is "pumped out".