

City of De Soto
Building Inspection Department
Inspection Checklist for Private Sewage Disposal Systems

Property Address: _____ Parcel# _____
Date Inspected/Pumped: _____/_____/_____ Date Installed: _____
Prints/System Design Available: Yes___ No___

Interior: Sewage Ejector Pump Yes___ No___
Sump Pump Yes___ No___
Sump Plumbed to O/S Yes___ No___
Grey-water to Tank Yes___ No___

Exterior: Foundation Drains/ Runoff Routed Away From Tank
and Dispersal field. Yes___ No___

Sewage Treatment System:

Tanks: Primary Tank Capacity: Size/gal. _____
Compartments One___ Two___
Inlet/Outlet Baffle/Tee Yes___ No___
Code Compliant Riser/Lid Yes___ No___

Comments: _____

Pump Tank Capacity: Size/gal. _____
Floats/Filters/Elect. Approved Yes___ No___
Code Compliant Riser/Lid Yes___ No___

Comments: _____

Dispersal Field:

Type: Chambers___ Mound___ Other/specify _____
Soil Conditions (ex. wet/waterlogged/dry)

_____ Affluent Surfacing Yes___ No___

Comments: _____

Private Sewage System: Approved: _____ Failed: _____

Comments/Reasons: _____

Inspected by/Date: _____