

City of De Soto

Private Sewage Treatment System - Resale Inspection*

Date: _____ Inspection Paid (\$100): Y / N Inspection# _____

Address of Inspection: _____

Subdivision: _____ Any animals/dogs on-site? _____

Applicant: _____ Phone: _____

Realtor/Company: _____

Owner: _____ Phone: _____

Address: _____

* Any inspection provided shall be provided as a courtesy only and shall not constitute nor be deemed a warranty, and neither the administering official or the municipality shall be liable for any failures of the system or for claims arising out of the inspection.*

Property Information

Age of House: _____ Total sq. ft. _____ Size of lot: acre/sq. ft. _____

Bedrooms: _____ # Baths: _____

Is house vacant? Yes / No Date last occupied: _____

Number of past occupants: _____ Future: _____

Water District: _____

When was Septic tank last pumped? _____

Are you aware of any problems/leakage of system/or has it been repaired?

Details: _____

If repaired when? _____ What was done? _____

Scheduled Pumping of Septic Tank

Tanks must be pumped by a licensed pumper at the time of the inspection by the De Soto Building Inspection Department.

Date Scheduled: _____ Time: _____

Sanitary Disposal Contractor: _____

Private Sewage Treatment System - Inspection Results

Approved: _____ Failed: _____ Reason/Repairs Required: _____

Inspected by: _____ Date: _____

Results to: _____ Date: _____