

Mound System Inspection and Maintenance Record

Owner _____		
Address _____		
County _____		
Permit No.		Site Plan
Permit Issued		
Date Installed		
Date Started		
Bedrooms		
Septic Tank Volume		
Dosing Tank Volume		
Baseline Pressure		
Septic Tank Pumped Dates		

Inspection Date		Inspector Name and Phone Number								
Landscape changed		Sign of surface ponding		Mound damaged		Pump functional		Level control/ Alarm functional		
yes	no	yes	no	yes	no	yes	no	yes	no	
Inspection		Port 4		Port 3		Port 2		Port 1		
Sign of ponding		no	yes	no	yes	no	yes	no	yes	
Pressure head			in/cm		in/cm		in/cm		in/cm	
Comments										

Inspection Date		Inspector Name and Phone Number								
Landscape changed		Sign of surface ponding		Mound damaged		Pump functional		Level control/ Alarm functional		
yes	no	yes	no	yes	no	yes	no	yes	no	
Inspection		Port 4		Port 3		Port 2		Port 1		
Sign of ponding		no	yes	no	yes	no	yes	no	yes	
Pressure head			in/cm		in/cm		in/cm		in/cm	
Comments										

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Inspection		Port 4		Port 3		Port 2		Port 1	
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Pressure head		in/cm		in/cm		in/cm		in/cm	
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