

## OSDS Inspection Checklist

OSDS ID: \_\_\_\_\_

OSDS Location: \_\_\_\_\_

Name of person conducting inspection: \_\_\_\_\_

Date: \_\_\_\_\_

Photo Number: \_\_\_\_\_

Reason for inspection (circle one): SW Permit Inspection      Maintenance

Visual Observations		
Observation	Y/N	Comments
Presence of Failure (Circle all that apply) – Odors, Gurgling, Standing Water, Seepage, Lush Vegetation, Gray Water Discharge to Stream/Storm Drain		
Obstructions (Circle all that apply) – Root Intrusion, Trees, Debris over Drain Field		
Less than 5' from Property Line		
Less than 50' from Stream		
Additional Observations:		

Overall Condition	Overall Comments
<input type="checkbox"/> Good	
<input type="checkbox"/> Fair	
<input type="checkbox"/> Poor	