New York septic inspection worksheet

Local health department and lender requirements

Property and order	
Site address	
Client and contact	**Inspection date**
Inspector and credential	

System records	
Permit or file source	
System type and design size	**Pump record**
Local health office or district	
Owner and service records	

Site observations	
Component and method	**Observed condition or access limit**

Follow-up and report	
Next action	
Report sent or filed	**Inspector**