

MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 W. Alder, Missoula, MT 59802 Phone: 258-4755, Fax 258-4781

INDIVIDUAL SEPTIC SYSTEM SELF-INSPECTION REPORT

You must call for an inspection and receive permission to self-inspect from the Department before using this form.

Name of Owner _____

Legal Address/Location _____

Certified Installer _____

System Type: New _____ Replacement _____ Standard _____ Gravelless _____ Pressure Dist. _____ Dosed _____

Capacity: Septic Tank _____ gal. Pump Chamber _____ gal. Depth to Top: Septic Tank _____ ft. Pump Chamber _____ ft.

Drainfield: Total length _____ ft. # of laterals _____ Range of Trench Depth _____ in. to bottom

Seepage Pit: Height _____ ft. Depth to Top _____ ft. _____ in. No. of Bedrooms Permitted _____

Distance of Installation from: Property Lines: _____ Wells: _____ Surface Water: _____

Foundations: _____ Other: _____

Draw system components and any items above in the area provided below

Indicate North with Arrow

I attest that this system was installed in accordance with the septic permit and the Missoula City-County Health Code and that the above drawing accurately reflects what was installed.

Self Inspected by: _____ / _____ / _____
Certified Installer Date

Inspection Reviewed By: _____ / _____ / _____
Sanitarian Date

Drawing shows that system meets the requirements of the permit and the Health Code. Yes ___ No ___

Corrections Necessary: _____

Deficiencies Corrected: Yes ___ No ___ _____ / _____ / _____
Sanitarian Date