In or Out Water Services
Ken Munson Jr.
Owner

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Kerrville, Texas 78028
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Onsite Wastewater Treatment System Inspection Report

Ordered by Whom: _____ Date: 8/18/25 Time Scheduled: 2 00 am (pm)
Send Copy to: Jim Chandler Fax to: (___) _____
Site Address: 155 Coker Rd Billing Address _____
Kerrville, Tx 78028
Phone: 210 288-3562 Phone: (___) _____

A. General Information: (Obtain as much as possible when inspection ordered)

1.) Age of wastewater treatment system: 25+ years.
Was a Homeowner Questionnaire completed? + Yes (+No)
+Water softener +Garbage disposal +Whirlpool bath +Cleaning service
In-home business: Type _____ + Yes (+No)
Flowmeter + Yes (+No)
2.) Number of people occupying dwelling: Currently: 0 Anticipated: ?
If currently unoccupied, for how long has it been vacant? 1 Months
3.) Number of bedrooms in dwelling: 3
Design: _____ Listing: _____
4.) Has there ever been a backup in the house? + Yes (+No)
5.) List any known repairs made to the system:
None
6.) Has the system recently been inspected by others? + Yes (+No)
If so, who? _____ Did it fail? + Yes +No
7.) Is there a service contract for system components? + Yes (+No)
Company: _____
8.) Date the treatment tank last pumped: ? +Never to my knowledge
At what frequency? ? Company: _____
9.) **The above information is true to the best of my knowledge.**

_____ _____
Owner Date

Additional Comments:
System is in Compliance with Kerr County and TCEQ regulations

B. System Type

1.) Components of Wastewater Treatment System - complete as necessary

Pretreatment Unit 1: 1,000 [_____] [gallons or gpd]
Pump: Pump tank 1: _____/_____gpm/ tdh [_____][gallons] N/A
Pretreatment Unit 2: _____ [_____] [gallons or gpd] N/A

2.) Pump: Pump tank 2: _____/_____gpm/ tdh [_____] [gallons] N/A
Soil Treatment Unit: 1,400 [_____] [square feet]

Additional Components:

3.) Gray-water run-off or drainage system?

+ None + Surface + Subsurface Discharge

Comments:

C. Evaluation Procedures: Check the appropriate boxes.

Locate, access, and open the septic tank cover.	+ Yes	+No
If at grade, is the cover "secure?"	+ Yes	+ No
Can surface water infiltrate into the tank?	+ Yes	+ No
Any indicators of previous failure?	+ Yes	+ No
Inspect lid, inspect level, measure sludge and scum, check effluent screen.	+ Yes	+ No
Run an operation test	+ Yes	+ No
Gallons added in the test: 200+ gallons		
If applicable, pump out primary treatment tank,	+ Yes	+ No
Listen and observe for backflow into the tank from the outlet pipe.		

Comments: N/A

Caution: Do not pump treatment tank if there is evidence of a malfunction in any portion of the system.

Inspect the condition of the primary treatment tank	+ Yes	+ No
(for cracks, infiltration, deterioration, or damage)		
and the integrity of the inlet and outlet baffles(for deterioration or damage)	+ Yes	+ No

NEVER enter a tank unless proper confined space entry procedures are followed!

Does the system contain a dosing or pump tank, ejector or grinder pump?	+ Yes	+ No
If so, did you check integrity of the tank (cracks, infiltration, etc.)?	+ Yes	+ No
Is the pump elevated off the bottom of the chamber?	+ Yes	+ No
Does the pump work?	+ Yes	+ No
If there is a check valve, is a purge hole present?	+ Yes	+ No
Is there a high water alarm?	+ Yes	+ No

For reproducible results, show dimensions from structures that will not change, such as corners of the house. Show details, such as the road, in relation to the house to get the correct orientation. Show all located components.

E. Checklist Summary

1.) Pretreatment Unit 1 is in + Acceptable + Unacceptable condition.
Pretreatment Unit 2 is in + Acceptable + Unacceptable condition N/A
Comments:

2.) Soil Treatment area is in + Acceptable + Unacceptable condition.
Comments:

3.) Pump and pump tank is in + Acceptable + Unacceptable condition N/A
Comments:

F. Company Disclaimer

Based on what we were able to observe and our experience with onsite wastewater technology, we submit this Onsite Wastewater Treatment System Inspection Report based on the present condition of the onsite wastewater treatment system. In or Out Water has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may effect the proper operation of a wastewater treatment system this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer. In or Out Water **DISCLAIMS ANY WARRANTY** either expressed or implied, arising from the inspection of the wastewater treatment system, or this report. We are also not ascertaining the impact the system is having on the environment.

Inspecting Company

In or Out Water Services
596 Spicer Loop
Kerrville, Tx 78028

Phone: (210) 214-6823

Inspector Name & I.D. #

Ken Munson
05002916 2/Imp0001345

Does the alarm work? +Yes +No
Do electrical connections appear satisfactory? +Yes +No
Did you clean the pump tank? +Yes +No

Probe the soil treatment area to determine its location +Yes +No
and to check for excessive moisture, odor, and/or effluent.

Type of distribution: (+ Gravity) +Pressure

Is there:

Any indication of a previous failure? +Yes (+No)
Seepage visible on the lawn? +Yes (+No)
Lush vegetation present? +Yes (+No)
Ponding water in the Distribution media? +Yes (+No)
Even distribution of effluent in the field? (+Yes) +No

Determine approximate distance between water well and soil treatment area.
Approximate distance is 175 feet.

Explain answers as necessary:

D. Sketch of System