### ON-SITE SEWAGE SYSTEM INSPECTION FORM

**PROPERTY & SYSTEM INFORMATION:**

Parcel Identification Number (PIN): ___________________  
Island: ___________________  
Physical Address: ___________________

Septic System Design Number (If known): __________________

**OWNER INFORMATION:**

Name of Property Owner: _____________________________
Mailing Address: _____________________________

City: ___________________  State: _______  Zip Code: ____________  Telephone: ____________

**INSPECTION INFORMATION:**

Type of System (✓ One):  
- Gravity  
- Pressure Distribution  
- Mound  
- Sand Filter  
- Other: __________

Inspector:  
- Homeowner  
- Wastewater Inspector: __________________________

Date of Inspection: __________________________

If for sale inspection, Maintenance Components Installed: __________________________

**1) Septic Tank – Trash Tank if Aerobic Treatment**

(complete a separate report if system has second tank – page 1 only)

<table>
<thead>
<tr>
<th>Type of tank:</th>
<th>Concrete</th>
<th>Fiberglass</th>
<th>Poly</th>
<th>Steel</th>
</tr>
</thead>
<tbody>
<tr>
<td># of compartments:</td>
<td>__________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Depth of scum layer in first compartment: | | Depth of scum layer in second compartment: |
|----------------------------------------|------|
| Depth of sludge in first compartment: | | Depth of sludge in second compartment: |

<table>
<thead>
<tr>
<th>Access riser(s) present:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition of inlet baffle:</td>
<td>OK</td>
<td>Damaged</td>
</tr>
<tr>
<td>Condition of center baffle:</td>
<td>OK</td>
<td>Damaged</td>
</tr>
<tr>
<td>Condition of outlet baffle (gravity systems or PD systems w/ separate pump tank):</td>
<td>OK</td>
<td>Damaged</td>
</tr>
<tr>
<td>Outlet baffle screened or equipped with an effluent filter:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes, was screen/filter cleaned (required), if no, explain in comment section: ____________________________

Indication of surface water or root intrusion: 

<table>
<thead>
<tr>
<th>Water levels at outlet invert (gravity systems or PD systems w/ separate pump tank):</th>
<th>Ok</th>
<th>Above</th>
<th>Below</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is effluent draining back from drainfield:</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Septic tank pumped: ____________________________

**2) Pump/Siphon Vault**

(complete for all systems that utilizes a pump or siphon)

<table>
<thead>
<tr>
<th>Does system have a separate pump/siphon tank:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riser present:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depth of scum in pump/siphon tank: 1&lt;sup&gt;st&lt;/sup&gt; compartment/2&lt;sup&gt;nd&lt;/sup&gt; compartment</th>
<th>Depth of sludge in tank: 1&lt;sup&gt;st&lt;/sup&gt;/2&lt;sup&gt;nd&lt;/sup&gt; compartment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pump/siphon chamber screened or equipped with an effluent filter:</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, was the screen/filter cleaned (required), if no, explain in comment section:</td>
<td>Yes</td>
</tr>
<tr>
<td>Splice Box inspected &amp; Electrical connections in good conditions:</td>
<td>Yes</td>
</tr>
<tr>
<td>On/Off floats in working condition:</td>
<td>Yes</td>
</tr>
<tr>
<td>High/low level floats &amp; audible/visual alarms (circle all applicable) in working condition:</td>
<td>Yes</td>
</tr>
<tr>
<td>Pump/siphon in good working condition:</td>
<td>Yes</td>
</tr>
</tbody>
</table>
3) **Drainfield** (complete for all systems: gravity, pressure distribution, mound and sand filter):

   Depth of ponding observed (systems equipped with observation ports): lat 1: _____ lat 2: _____ lat 3: _____

   Observation Ports Present: ................................................................. □ Yes □ No

   Evidence of surfacing sewage: .......................................................... □ Yes □ No

   Primary area properly maintained (i.e.: no roads, buildings or livestock pens etc…) ............. □ Yes □ No

   Reserve area properly maintained (i.e.: no roads, buildings or livestock pens etc…) ............ □ Yes □ No □ N/A

   Flow diversion device ((i.e.: distribution box (“D” box, cam valve, tee etc)) accessible: ........... □ Yes □ No □ N/A

   If yes, is device operational (Note: “D” box should be located and inspected): ………………… □ Yes □ No

4) **Pressure Distribution** (complete for all systems equipped with a pump or siphon):

   Drainfield/mound equipped with clean-outs ................................................... □ Yes □ No

   If yes, were laterals flushed (required), if no, explain in comment section ........................ □ Yes □ No

   Pressure head measured (recommended) ........................................................................ □ Yes □ No

   If yes, indicate head of each lateral in comment section.

   Indications that orifices were plugged........................................................................... □ Yes □ No

   If yes, orifices cleaned ................................................................................................. □ Yes □ No

5) **Sand Filter** (complete only if applicable):

   Distribution method from sand filter to drainfield/mound: ............................................... □ Pumped □ Gravity

   If pumped, is the pump vault accessible ........................................................................... □ Yes □ No

   Monitoring ports present (pump vault can be utilized to monitor effluent levels) ............... □ Yes □ No

   If yes, is the effluent above the lower gravel/sand interface (collection pipes) .................. □ Yes □ No

   Clean-out valves present: ............................................................................................. □ Yes □ No

   If yes, were laterals flushed (required), if no, explain in comment section ........................ □ Yes □ No

6) **Mound** (complete only if applicable):

   Monitoring ports present: ............................................................................................. □ Yes □ No

   Evidence of sewage seeping around the toe of the mound: .......................................... □ Yes □ No

7) **Proprietary/Aerobic Unit** (complete only if applicable)

   Proprietary Device: ................................................................................................. (name of unit)

   Aeration operational ..................................................................................................... □ Yes □ No □ N/A

   Filtering Devices Working ........................................................................................... □ Yes □ No □ N/A

8) **Disinfection Units** (complete only if applicable)

   Type of disinfection unit: □ Chlorinator □ Ultraviolet □ Other: __________________________

   Disinfection unit operational ........................................................................................ □ Yes □ No

9) **System Status** (complete for all system types)

   System Failing ............................................................................................................. □ Yes □ No

   If yes, failure corrected ............................................................................................... □ Yes □ No

   Deficiencies Identified ................................................................................................ □ Yes □ No

   If yes, deficiencies corrected ....................................................................................... □ Yes □ No

**Additional Comments / Observations:** ________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Printed name/signature (Homeowner or Licensed Wastewater Inspector) Date