

ONSITE SYSTEM INSPECTION FORM

Inspection Overview

- Preliminary system information
- Inspection of treatment tanks
- Absorption system inspection
- Disposal/conveyance system assessment
- Identification of any alternative technology approved components
- Requires additional inspection

INTERNAL USE ONLY:

CLIENT INFO	<p>Client Name: _____</p> <p>Different from owner? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Client Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Contact Method:</p> <p>home tel. _____</p> <p>work tel. _____</p> <p>e-mail _____</p>	ONSITE SYSTEM LOCATION	<p>Inspector Name: _____</p> <p>Date: _____</p> <p>ISSDS Address (including municipality):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>New Jersey Coordinate: Block: _____ Lot: _____</p> <p>Was GPS used? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
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<p>Preliminary Information:</p> <p>Weather: _____</p> <p>Last precipitation: _____</p> <p>Age of system: _____</p> <p>Type of dwelling?</p> <p><input type="checkbox"/> Residential Number of Bedrooms: _____</p> <p><input type="checkbox"/> Non residential Describe: _____</p> <p>How many systems are being inspected? _____</p> <p>List any commercial activities or high impact hobbies:</p> <p>_____</p> <p>_____</p> <p>Describe prior problems and/or repair history including soil fracturing or use of chemical additives. Include dates and explain why the remedial measures have been applied to the system (if available):</p> <p>_____</p> <p>_____</p> <p>Date file review requested with administrative authority:</p> <p>_____</p>	<p>Is there a site plan or septic map available? 0 0</p> <p>Is the dwelling currently being occupied? 0 0</p> <p style="padding-left: 20px;">If so, how many occupants? _____</p> <p style="padding-left: 20px;">If no, date last occupied? _____</p> <p>If there is a washing machine, is it connected to a Separate gray water disposal system? 0 0</p> <p>Is the dwelling free of additional gray water systems? 0 0</p> <p>Is the dwelling free of garbage disposal systems? 0 0</p> <p>Is the dwelling free of sump pump discharges to the System? 0 0</p> <p>Is the dwelling free of any historical sewage back ups Into the structure? 0 0</p> <p>Does all sewage enter the septic system and no type of sewage bypass exists? 0 0</p> <p>Septic Tank Pumping:</p> <p>Is the septic tank pumped regularly? 0 0</p> <p style="padding-left: 20px;">Frequency: _____</p> <p style="padding-left: 20px;">Date of last pumping: _____</p> <p>Was file review completed prior to inspection? 0 0</p> <p style="padding-left: 20px;">If no, explain why below</p>
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Comments: _____

Treatment Tank:

Type of system being inspected?

Septic tank Cesspool

Other _____

Gray water Multi-compartment: # _____

Name the material of the system?

Concrete Block

Steel Other _____

Approximate Treatment Tank Volume: _____ gal.

Evaluate the conditions of tank below:

	Satisfactory	Unsatisfactory	N/A
Top and Lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet baffle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet baffle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracks or Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage Flow from structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Main tank lid opened for inspection?

Yes No

Liquid level below the tank's inlet invert?

Liquid level below the tank's outlet invert?

Treatment tank pumped for this inspection?

Are all portions of the tank(s) clear of

Structures like a deck or a driveway?

Is the area clear of evidence that sewage has

Surfaced above the treatment tank?

Does water flow unimpeded from the

Treatment tank?

Is an effluent filter a part of the system?

If yes, does it appear properly maintained?

Are there any other types of accessory units

Present?

Depth to top of tank: _____ inches

Depth to top of tank access: _____ inches

Comments: _____

Absorption Area:

Name the type of the absorption system?

disposal bed disposal trench

seepage pit mounded

cesspool other _____

Was the absorption system located? yes no If no, explain below.

Are inspection ports present? yes no

If yes, how many? _____

Were the inspection ports checked? yes* no N/A *All levels observed must be included in report

Was a separate probe dug in the absorption area to confirm the observations in the inspection ports? yes no N/A

Is the area of the absorption system free of sewage odors? yes no

Does sewage flow from the treatment tank to the absorption system without flowing back? yes no N/A

Is the area above or near any of the system components free from visible signs of effluent or sewage? yes no

Are the areas at or near the inlet invert of any absorption area component free of visible signs of sewage or effluent? yes no

Are areas above or near system components free of lush vegetation? yes no

If exposed, is the distribution box in satisfactory condition? yes no N/A

If not exposed, explain why not: _____

Is the area directly over any part of the absorption system free of any evidence of, large objects (cars, pools, etc.)? yes no

Comments: _____

Sketch the approximate system location in this space provided:

Dosing or Pump Tank:	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Does the system contain a pump tank?	0	0	0
Is the pump operating?	0	0	0
Do the alarm(s) on the pump work?	0	0	0
Is the pump elevated above the tank floor?	0	0	0
Is the lid in satisfactory condition?	0	0	0
Is the tank in satisfactory condition?	0	0	0
Is the tank free of accumulated solids?	0	0	0

Summary:	<u>Satisfactory</u>	<u>Satisfactory with Concerns</u>	<u>Unsatisfactory</u>	<u>Requires Additional Investigation</u>	<u>N/A</u>
Condition of the treatment tank(s)	0	0	0	0	0
Condition of the conveyance and pump system(s)	0	0	0	0	0
Condition of the and absorption area(s)	0	0	0	0	0
Condition of any accessory components	0	0	0	0	0

Comments: _____
