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

Client Name: [redacted]

Different from owner? () Yes () No

Client Address: 1187 Louden lane

Contact Method:

Home tel. _____

Work tel. _____

E-mail _____

SYSTEM LOCATION

Inspector Name: Taylor Kelly

Date: aug 11/26

Address:

1187 Louden lane

Preliminary Information:

Weather: _____

Last Precipitation: _____ Age of System: _____ Type of Dwelling?

(✓) Residential Number of Bedrooms: ___

() Non Residential Describe: _____

How many systems are being inspected?

List any commercial activities or high impact hobbies:

_____

_____

_____

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):

_____

_____

_____

	Yes	No
Is there a site plan or septic map available?	()	(✓)
Is the dwelling currently being occupied?	(✓)	()
If so, how many occupants? _____		
If no, date last occupied? _____		
If there is a washing machine, is it connected to a separate greywater disposal system?	()	(✓)
Is the dwelling free of additional greywater systems?	(✓)	()
Is the dwelling free of garbage disposal systems?	(✓)	()
Is the dwelling free of sump pump discharges to the system?	(✓)	()
Is the dwelling free of any historical sewage back ups into the structure?	(✓)	()
Does all sewage enter the septic system and no type of sewage bypass exists?	(✓)	()
Septic Tank Pumping:		
Is the septic tank pumped regularly?	(✓)	()
Frequency: _____		
Date of Last Pumping: aug 11/26		

Comments: _____

Treatment Tank:

(✓) Septic Tank () Other
() Greywater () Multi-Compartment:#_____

Name the material of the system?
() Concrete () Block
() Steel (✓) Other Plastic

Approximate treatment tank volume: 1000 gal.

Evaluate the conditions of tank below:

	Satisfactory	Unsatisfactory	N/A
Top and Lids	(✓)	()	()
Inlet Baffle	(✓)	()	()
Outlet Baffle	(✓)	()	()
Cracks or Leaks	(✓)	()	()
Sewage Flow from Structure	(✓)	()	()

	Yes	No
Main tank lid opened for inspection?	(✓)	()
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: _____

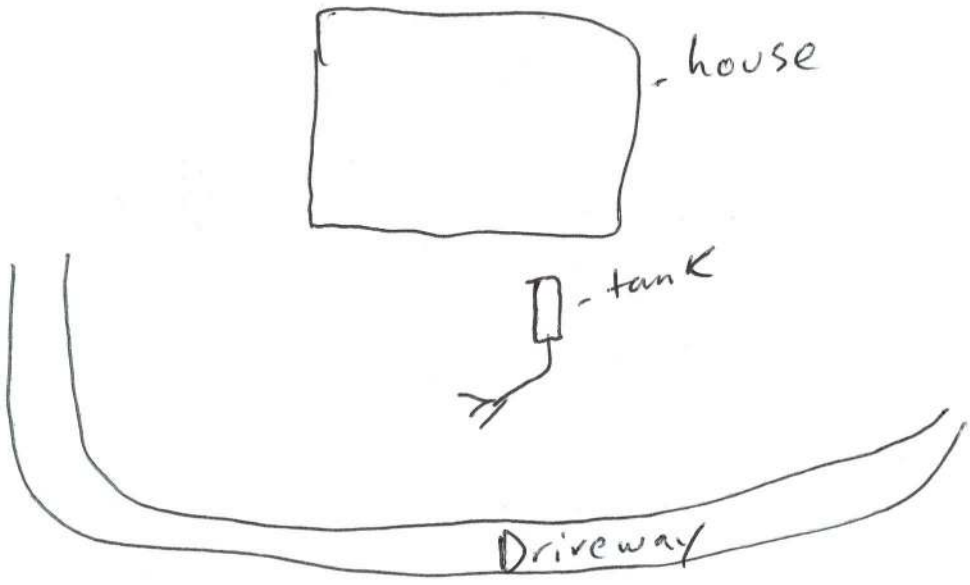
Absorption Area:

Name the type of the absorption system?
(✓) Disposal Bed () Disposal Trench
() Seepage Pit () Mounded
() 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
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 () N/A

Comments: A flow test was conducted and it was successful

Sketch the approximate system location in this space provided:



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

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

Comments: _____

Health Department Reporting:

Note if any of the following conditions were observed during the inspection:

( ) **1. Ponding or breakout of sewage or effluent onto the surface of the ground**
( ) **2. Seepage of sewage or effluent into portions of buildings below ground**
( ) **3. Backup of sewage into the building served which is not caused by a physical blockage of the internal plumbing**
( ) **4. Any manner of leakage observed from or into septic tanks, connecting pipes, distribution boxes and other components that are not designed to emit sewage or effluent**

Pursuant to N.J.A.C. 7:9A-3.4 notification of any observation that is consistent with a condition noted above must be reported to the local administrative authority within 24 hours of the observation. Regardless of observations made, a copy of this report must be provided to the local administrative authority within 10 days of the issuance of this report.

If encountered, describe all observed noncompliant conditions encountered during this inspection:

_____
_____
_____
_____
_____

Customer Authorization:
I authorize "Perth & District Septic" to enter the above listed property for the purpose of performing a sub-surface sewage disposal system inspection. I authorize to expose parts of the system if required, to determine location and condition. I understand that "Perth & District Septic" relies on information supplied by the owner(s) of the listed property or their agent and the local administrative authority in the evaluation of the sub-surface disposal system. I authorize "Perth & District Septic" to provide this form to all parties as required.

Customer signature: _____ Printed name: _____

Inspector's signature: TK Printed name: Taylor Kelly

Disclaimer:

Based on today's observations and the information provided by the owner(s) or their agent, "Perth & District Septic" submits this sub-surface sewage disposal system inspection form. The inspection is based on the current condition of the onsite sewage disposal system. "Perth & District Septic" makes no representation that the system was designed, installed or meets municipal regulations. "Perth & District Septic" has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of numerous factors (usage, soil type, installation, maintenance, etc.) which affect the proper operation of a sub-surface disposal system, as well as the inability of "Perth & District Septic" to supervise or monitor the use and maintenance of the system, this form shall not be construed as warranty by "Perth & District Septic" that the system will function properly for any prospective buyer. "Perth & District Septic" disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.