

Indiana Onsite Sewage System Inspection Form

This form was developed by the Indiana Onsite Wastewater Professionals Association (IOWPA) in collaboration with the Indiana State Department of Health, Environmental Public Health Division. This form is designed to complement the IOWPA Onsite System Inspection Training and Certification Course. The purpose of the report is to provide a consistent format for recording the findings of a comprehensive onsite system inspection. Use of this form does not indicate that the inspector has been certified by IOWPA; therefore, all credentials should be confirmed by the client.

Directions for use:

1. Complete a thorough background search of documentation for the onsite sewage system that is to be inspected. Information may be obtained from the local health department, the state department of health for commercial projects, other local government offices (building department, assessor, recorder, drainage board), the system installer, the current or previous homeowner, or other reliable sources. Any pertinent data that is located should be included with this report.
2. Contact Indiana 811 Utility Location Services at least two full working days prior to any digging or probing. Indiana 811 may be accessed by calling 811 or 1-800-382-5544 or by completing a web ticket entry at <http://www.indiana811.org>.
3. Interview the current homeowner/occupant to gather any relevant information about the onsite sewage system use and function. Thoroughly inspect the interior plumbing to check for leaks or extraneous water use. Record this information in the appropriate locations on this form.
4. Complete the general site and system assessment and record all findings.
5. Thoroughly inspect all applicable system components, recording readings, measurements and observations as necessary. It is necessary to use a tank content measuring device to record the contents of the septic tank(s). It is recommended to pump and clean all tanks as part of the inspection process. GIS coordinate recording of component locations is optional unless specifically requested by the client or local health department.
6. Complete this form as thoroughly as possible. If there is a component listed on the form that is not present in the onsite sewage system, mark that item as N/A and proceed to the next item. If there are items in the onsite system that are not listed on the form, describe these items in the notes area or on separate forms which might be available from the manufacturer. Record all notes for each section to the right in the space provided.
7. Dye testing can be a useful tool to aid in the inspection, however, dye testing alone does not constitute an onsite system inspection. The results of a dye test can be misleading and false negatives are possible. Dye testing is not required, but is optional.
8. If the water well is tested as part of this, or any other, inspection, the water should not be run for long periods of time into the septic tank or onto the soil absorption field. It is recommended to use a garden hose that discharges elsewhere to test the well.
9. Section 8, Sampling and Test Results, is optional unless testing is requested by the client.
10. If there is more than one functional onsite sewage system located on the property, each system should be inspected separately, and a report completed for each.
11. If items are not accessible for the inspection (i.e. a deep tank that must be dug up), it may be necessary to make a return trip to complete the inspection. Inform the client of the necessity for a return visit and any associated fees.
12. Provide the client(s) a copy of the inspection report and all supporting documentation. It is recommended to also provide a copy of the final report to the local health department.
13. Key to form: UNK = Unknown N/A = Not Applicable CND = Could Not Determine

Recommended tools and supplies for onsite system inspection:

- | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Indiana Onsite Sewage System Rule Book | <input type="checkbox"/> Copy of local ordinances |
| <input type="checkbox"/> Aerial map of site | <input type="checkbox"/> Copy of permit and other paperwork |
| <input type="checkbox"/> Clipboard / writing surface / waterproof pens | <input type="checkbox"/> Phone and numbers (especially emergency) |
| <input type="checkbox"/> Tape measure / measuring wheel | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Hand tools (pliers, cordless drill, socket set, screwdriver tips, pocket knife) | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Shovel | <input type="checkbox"/> Tank content measuring device |
| <input type="checkbox"/> Probe | <input type="checkbox"/> Crowbar or manhole pick |
| <input type="checkbox"/> Long, solid rod to reach tank bottom | <input type="checkbox"/> L-hook to locate inlet/outlet pipes |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Mirror and flashlight rod |
| <input type="checkbox"/> Locating equipment (if needed) | <input type="checkbox"/> Plumber's snake / sewer camera |
| <input type="checkbox"/> Bucket / water / 10% bleach solution for clean up | <input type="checkbox"/> Tracing dye and blacklight |
| <input type="checkbox"/> Plastic bags / sample bottles for collection | <input type="checkbox"/> DO meter / pH test strips |
| <input type="checkbox"/> Flow meter hose for hydraulic test (if needed) | <input type="checkbox"/> Paper towels / rags |
| <input type="checkbox"/> Traffic cones | <input type="checkbox"/> GPS unit (if needed) |

Recommended personal protective equipment for onsite system inspection:

- | | |
|--------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Gloves (rubber, latex and leather) | <input type="checkbox"/> Protective eye glasses or goggles |
| <input type="checkbox"/> Disposable slip on boot covers | <input type="checkbox"/> Disposable cover-alls |
| <input type="checkbox"/> Hand sanitizer / disinfectant wipes | <input type="checkbox"/> First aid kit |
| <input type="checkbox"/> Water for drinking | <input type="checkbox"/> Sunscreen / bug spray |
| <input type="checkbox"/> Weather appropriate clothing | <input type="checkbox"/> Mace / pepper spray / dog treats |

Property Information

Property Owner _____

Property Address _____

City _____ State _____ Zip _____ County _____

Type of Dwelling or Facility _____

Directions to Site _____

Client Information

Client Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Inspector Information

Inspector Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Local Health Department Information

Name of Health Department _____

Address _____

City _____ State _____ Zip _____ Phone _____

Website _____

Onsite System Installer Information

Installer Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Soil Scientist Information

Soil Scientist Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Onsite System Service Provider

Company _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

This system inspection report indicates the **present condition** of the onsite sewage system located on the above referenced property. Due to differences in system use and maintenance, soil characteristics, and other factors, the results of this evaluation do not guarantee or warranty any future performance or longevity of the system evaluated.

Items that are not available for inspection, or are not accessible using reasonable means, have not been inspected and are noted in the report. Any items not inspected during the initial inspection should be reinspected as soon as possible to provide a complete report. An additional fee may be incurred for repeat visits.

This system inspection report may or may not be viewed by the local health department. You may contact your local health department for assistance and verification purposes.

This system inspection report is not meant to imply approval or disapproval of the onsite system at this location. The intent of this inspection is to document the components, location and functionality of the onsite system inspected. Please contact your local health department for assistance in determining whether the onsite system is approved for use and/or if the system is in compliance.

Section 1. Background Search

Yes No N/A checkboxes

Section 1 Notes

- a. Is there a permit on file in the local health department?
b. Permit No. Installation Date
Number of Bedrooms & Equivalents on permit
Number of Bedrooms indicated on tax records (if available)
Design Flow of permitted system gpd

Was the onsite system given final approval for use? (Typically the approval is from the LHD)

- c. Check all system components indicated on the permit(s) for the property
Residential Sewer Septic Tank
Outlet Filter Dosing Tank
Effluent Pump Secondary Treatment Device
Effluent Sewer / Effluent Force Main Distribution Box
Soil Absorption Field Surface/Subsurface Drainage

- d. Is there a recorded easement for any portion of the onsite sewage system?
e. Does the permit indicate any type of secondary treatment device installed in the system?
Secondary treatment devices are components such as aerobic treatment units (ATU),
recirculating media/gravel filters, constructed wetlands, etc.)
If yes, a manufacturer's inspection form must be completed by a authorized service provider.

- f. Are there any recent complaints or documentation of failure on file in the LHD?
If yes, describe

Section 2. Undocumented System (Complete this section only if there is not a permit on file in the local health department)

Yes No N/A checkboxes

Section 2 Notes

- a. Is there a system installed at the site that is not documented in the local health department?
Submit a sketch of the undocumented system with this report. Label all components.
b. Does the undocumented system consist of a septic tank and a soil absorption field that
has not failed?
If yes, proceed to inspect the system and record all findings in this report.
If no, describe what type of sewage disposal is currently being utilized and submit a sketch
of the system with this report.

Section 3. Owner Interview and House Plumbing Inspection

Yes No Unk checkboxes

Section 3 Notes

- a. Is home currently occupied? If no, date last occupied?
Current # occupants Anticipated # occupants
b. Number of bedrooms as stated by owner
Number of jetted tubs with >=125 gallon capacity?
Total bedrooms and equivalents in the home?
Actual system flow (if available) gpd
c. Water Supply Source:
Public
Private Well Surface Water Other
d. Has the well been tested recently? If yes, provide a copy of all testing results with this report.
e. Has the well been chlorinated recently? If yes, when?
f. Have there been any unpermitted modifications to the system since the original installation?

Section 3. Owner Interview and House Plumbing Inspection (cont'd)

Section 3 Notes (cont'd)

Yes No Unk

- g. Has the home been remodeled/replaced since the system was installed?
h. Have there been any sewer backups in the home?
i. Are there any plumbing leaks / leaking fixtures in the home?
j. Has the septic tank inlet or outlet baffle ever been replaced?
k. Has the effluent pump in the dosing tank ever been replaced?
l. Does the washing machine drain to the onsite sewage system?
m. Does more than one sewer line exit the building?
n. Does the home have separate gray water and black water systems?
o. Does the home have a garbage disposal?
p. Is there a water softener / water treatment system in the home?
q. Does the water softener / water treatment system backwash drain to the onsite system?
r. Is there a sump pump, discharging drainage water, connected to the onsite sewage system?
s. Is there an ejector or grinder pump discharging to the onsite sewage system?
t. Do any roof drains, gutters, or foundation drains discharge to the onsite system?
u. Has anyone used tank additives in the system?
v. Has anyone disposed of medicines, chemicals and/or paint down the drain?
w. Is there any other structure on the property with plumbing?
x. Are there other structures on the property with living quarters?
y. Are there any businesses in any structures on the property (i.e. daycare, salon, bakery, etc.)?
z. Is there more than one onsite system on this property (Complete a report for each system)
aa. Is the system currently under a maintenance contract? (Provide contact information on front page)

Blank lines for notes corresponding to each question in Section 3.

Section 4. General Site and System Assessment

Section 4 Notes

Yes No CND

- a. Weather conditions on day of inspection
b. Has there been an extended period of precipitation/snow melt recently?
c. Has there been an extended drought period recently?
d. Do all system components appear to be located on the property where the sewage originates or within the area of the recorded easement?
e. Landscape position of soil absorption field
f. Has there been any recent digging or excavation in the area of the onsite system?
g. Are there any components of the system that are not indicated on the permit?

Blank lines for notes corresponding to each question in Section 4.

Section 4. General Site and System Assessment (cont'd)

Section 4 Notes (cont'd)

Yes No CND

- h. Have all applicable separation distances been met?
Wells (private 50', commercial 100', public 200') on property & adjacent property
Further investigation is needed to properly identify all wells.
Ponds, retention ponds, lakes, reservoirs (50')
Stream, ditch, drainage tile, storm water detention pond (25')
Property Lines (5')
Buildings, foundations, pools, driveways, sidewalks, etc. & pressure water lines (10')*
* see complete listing in 410 IAC 6-8.2-56
i. Are there any odors coming from the onsite system components or drainage?
Describe type of odor and source

Horizontal lines for notes corresponding to Section 4 items.

- j. Are there any signs of surfacing sewage or effluent within the system?
k. Are there any wet or soft spots in the ground in the area of the system?
l. Are there any signs of traffic patterns over or around the system or other impact to the system?
m. Has surface water been properly diverted away from the system?
n. Are there any signs of erosion within the system?

Section 5. Onsite System Components - Tanks and Sewers

Section 5a Notes

Yes No CND

- a. Residential Sewer
1 Is there a cleanout accessible on the residential sewer?
2 Is the cleanout properly installed and capped?
3 Does the residential sewer line appear to be draining properly?
4 Is there evidence of a effluent backup (staining in the cleanout)?

Horizontal lines for notes corresponding to Section 5a items.

- b. Septic Tank
1 No. of septic tank(s)

Section 5b Notes

Table with columns for Tank 1 and Tank 2, and rows for Capacity, Tank Dimensions, No. Compartments, Material, Manufacturer, and GPS Coordinates.

Horizontal lines for notes corresponding to Section 5b items.

- 2 Is there a riser to final grade on all septic tanks? (required on all tanks installed after 12/21/90)
Tanks installed prior to 12/21/90 are not required to have a riser to final grade.
3 Are the joints between the tank and riser and between the riser sections water tight?
If no, explain
4 Are the septic tank(s) riser lid(s) safely secured?
5 Are the riser lid(s) structurally sound?
6 Does the final grade around the tank(s) promote surface water infiltration?
7 Is there a secondary plug installed in each tank riser? (Required on residential tanks installed after 7/1/96)
8 Is the septic tank used as a holding tank only?
If yes, does the holding tank have a functional alarm system?
If yes, is there documentation of pump and haul?
If the tank is used as a holding tank only, this inspection is complete.
9 Is the inlet baffle in place and functional?
10 Is there an outlet baffle in place and functional? (May be replaced with outlet filter)
11 Is there a gas deflection baffle present on the outlet end of the septic tank?

Section 5. Onsite System Components - Tanks and Sewers (cont'd)

Yes No CND

b. **Septic Tank (Cont'd)**

Section 5b Notes (cont'd)

- 12 Is the effluent level appropriate in the septic tank (at the outlet invert)?
- 13 Is there evidence of previous high level in the septic tank (scum or debris on the inlet/outlet pipes)?
- 14 Is the effluent level in the septic tank below the invert of the outlet? If **yes**, select reason
 _____ Tank has been pumped recently _____ Home has been vacant for a long period
 _____ Tank is not watertight _____ Other _____
- 15 Is there any root intrusion in the tank?
- 16 Concrete tanks - Is there evidence of concrete corrosion in the tank?
- 17 Concrete tanks - Is any reinforcing steel, welded wire or rebar exposed in the tank?
- 18 Poly / plastic tanks - Is there any deformity of the tank?
- 19 Is the tank cracked?
- 20 Does the tank appear to be watertight?
- 21 Use a tank content measuring device to record the following septic tank contents

Tank Number	Compartment Number	Scum		Clear		Sludge		Odor	Other
		Depth (in)	Desc *	Depth (in)	Desc *	Depth (in)	Desc *		
1	1								
1	2								
2	1								
2	2								

*Description A = Clear B = Flocced C = Milky D = Muddy E = Grainy F = Black
 G = Brown H = Mustard I = Gray J = White K = Other (list)

- 22 Is the sewage properly separated in the septic tank (scum layer, effluent, sludge layer)?
- 23 Was the septic tank pumped as part of this inspection? Date _____
 If **no**, does the septic tank need pumped?
 If the tank was pumped, did effluent run back into the tank from the SAF?
 If **yes**, approximately how much? _____ gal.
- 24 Are the inlet and outlet seals watertight?
 Were the seals _____ Dug up? _____ Observed from inside tank?
- 25 Was there an operation test performed?
 No. of gallons added _____ gal.
- 26 Was backflow observed during the operation test?

c. **Outlet Filter** (required on septic tanks installed after 1/1/2011)

Section 5c Notes

- 1 Outlet Filter location _____ Outlet of tank _____ Secondary chamber
 Outlet Filter Manufacturer _____ Model _____
- 2 If in a secondary chamber, is there a secure lid on a riser to the surface?
- 3 Does the outlet filter need to be serviced?
- 4 Has the outlet filter been altered so as to not comply with manufacturer's requirements?
- 5 Does there appear to be any bypass of the effluent filter?

d. **Dosing Tank**

Section 5d Notes

- 1 Dose Tank Capacity _____ gal. Dose Tank Material _____
 Tank Dimensions (L x W x H) _____
 Dose Tank Manufacturer _____
 GPS Coordinates N/S _____ E/W _____
- 2 Is there a riser to final grade on the dosing tank?
- 3 Are the joints between the tank and riser and between the riser sections water tight?
 If **no**, explain _____
- 4 Is the riser lid safely secured?
- 5 Is the riser lid structurally sound?

Section 5. Onsite System Components - Tanks and Sewers (cont'd)

Yes No CND

d. Dosing Tank (cont'd)

Section 5d Notes (cont'd)

- 6 Does the final grade around the tank promote surface water infiltration?
7 Is there a secondary safety device in the dosing tank?
8 Is the effluent in the tank at the appropriate level (below the on float)?
9 Is there evidence of previous high level in the tank?
10 Is there any root intrusion in the tank?
11 Concrete tanks - Is there evidence of concrete corrosion in the tank?
12 Concrete tanks - Is any reinforcing steel, welded wire or rebar exposed in the tank?
13 Poly / plastic tanks - Is there any deformity of the tank?
14 Is the tank cracked?
15 Does the tank appear to be watertight?

Horizontal lines for notes corresponding to items 6-15.

16 Use a tank content measuring device to evaluate the contents of the dosing tank.
Approximate amount of sludge in dosing tank (visual or measured) _____ in.

- 17 Was the dosing tank pumped and cleaned as part of this inspection? Date _____
If no, does the dosing tank need cleaned?
18 Are the inlet and outlet seals watertight?
Were the seals _____ Dug up? _____ Observed from inside tank?

Horizontal lines for notes corresponding to items 16-18.

Yes No CND

e. Effluent Pump

Section 5e Notes

- 1 Is there an effluent pump in the dosing tank?
If yes, what pump is in the dosing tank (if known)
Pump Manufacturer _____ Pump Model _____
2 Is the pump functioning (tested by activating the on float)?
3 Amp draw while pump is running (if tested) _____ amps
Voltage (if tested) _____ volts
4 Is there an alarm float or sensor?
5 Is the alarm float or sensor functioning (tested by activating the alarm sensor)?
6 Approximate dose volume the floats or sensors are set to dose _____ gal.
7 Is the pump completely submerged at all times?
8 Is the electrical junction box and wiring done in a safe and secure manner?
9 Is the control panel safe and secure?
10 Are the pump and the alarms on separate circuits?
11 Is there a quick disconnect device installed in the pump discharge line?
12 Is there a lifting rope or chain for the effluent pump?
13 Is there a check valve / weep hole in the pump discharge line?

Horizontal lines for notes corresponding to items 1-13.

Yes No CND

f. Effluent Sewer and Effluent Force Main

Section 5f Notes

- 1 Is there any evidence that the effluent sewer pipe has broken, is plugged, has settled or has become disconnected from any component?
2 Is there any evidence that the effluent force main has broken, is plugged or has become disconnected from any component?

Horizontal lines for notes corresponding to items 1-2.

Section 6. Onsite System Components - Distribution and Soil Absorption Field

Yes No CND

a. Flow Diversion Valve

Section 6a Notes

- 1 Is there a flow diversion valve installed in the system? (if no, proceed to subsection b)
2 Is there an access to the flow diversion valve at the surface?
3 Is the lid to the access cracked, broken or need replaced?
4 Can the flow diversion valve be operated properly?
5 Are both soil absorption fields being used simultaneously?

Horizontal lines for notes corresponding to items 1-5.

Section 6 Onsite System Components - Distribution and Soil Absorption Field (cont'd)

Yes	No	CND
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Section 6b Notes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Distribution Box(es) (if more than 1, record for all boxes)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1 Is there a distribution box installed in the system?

If yes, how many? _____

Distribution Box Material _____ Concrete _____ Other (specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2 Is there a riser extended to the ground surface for all distribution boxes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3 Is there a baffle, 90° elbow or sanitary tee in place on the inlet?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4 If there is an elbow in the distribution box, is there a weep hole on the top of the elbow?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5 Is the flow equally distributed to all outlets of the box?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6 Are there flow equalization devices installed on the outlets of the box ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7 Is the effluent level in the distribution box appropriate (at the invert of the outlets)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8 Is the effluent level in the distribution box below the invert of the outlets? If **yes**, select reason

_____ D-box has been pumped recently _____ Home has been vacant for a long period
 _____ D-box is not watertight _____ Other _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9 Is the level of the effluent in the distribution box above the invert of the outlet pipes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10 Is there evidence of previous high water event in the distribution box?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11 Are there solids in the distribution box?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12 Does the distribution box appear to be watertight?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13 Is there evidence of corrosion or concrete deterioration in the distribution box?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14 Is there evidence of cracking or warping of the distribution box?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15 Is the distribution box lid cracked, broken, missing or otherwise need replaced?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16 Is there evidence of water infiltration into the distribution box?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Soil Absorption Field - General (complete for all soil absorption field types)

Section 6c Notes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1 Is there a soil absorption field present?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2 Does all effluent discharge to the soil absorption field?

If no, what is the means of effluent discharge?

_____ Tank to tile _____ Discharging sand filter _____ Gray water discharge
 _____ ATU to tile _____ Other, describe _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3 Does the soil absorption field discharge effluent?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4 Are there spongy or saturated areas within the soil absorption field?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

5 Are there any areas of lush vegetation within the soil absorption field?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

6 Are there any indications of a previous failure of the soil absorption field?

If yes, describe _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7 Is there vegetative cover over the soil absorption field?

_____ Grass _____ Weeds _____ Trees _____ Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8 Is there a minimum of 12" of soil cover over the soil absorption field?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

9 Is the soil cover appropriately crowned to promote surface water runoff from the SAF?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10 Does surface water, roof drains or sump pump discharge drain onto the SAF area?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11 Are there observation wells/ports installed in the soil absorption field?

If **yes**, is water observed in the observation well(s)/port(s)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12 Is the water level inappropriately high in the observation well(s)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

13 Are the caps on the observation wells cracked, broken or missing?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14 Have there been any modifications in the soil absorption field due to landscaping?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. Soil Absorption Field - Subsurface Trenches

Section 6d Notes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

1 Is the number of trenches installed the same as indicated on the installation plan?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

2 Is the length of the installed trenches the same as indicated on the installation plan?

If **no** to either question, explain _____

Section 6 Onsite System Components - Distribution and Soil Absorption Field (cont'd)

Yes No CND
[] [] []

d. Soil Absorption Field - Subsurface Trenches (cont'd)

- 3 What are the trenches constructed of?
Aggregate / Pipe Chambers Other - Describe
Tire Chips / Pipe Gravelless Pipe

Section 6d Notes (cont'd)

[] [] []
[] [] []
[] [] []

[] [] []
[] [] []

e. Soil Absorption Field - Elevated Sand Mound

- 1 Are the dimensions of the elevated sand mound the same as indicated on the installation plan?

Section 6e Notes

Section 6f Notes

[] [] []
[] [] []

f. Soil Absorption Field - Undocumented Systems

- 1 Does the undocumented soil absorption field discharge untreated or partially treated sewage?
2 No. of trenches Trench Width in. Trench depth in.
3 Dimensions of Bed (if present)
If there is an undocumented system located on the property, sketch all components as installed on the property on the next page. Include all structures and applicable separation distances.

[] [] []
[] [] []
[] [] []
[] [] []
[] [] []

Section 7 Dispersal Area and Drainage

Yes No CND
[] [] []

a. Dispersal Area (prior to 1/1/2011, the requirements for dispersal area were different)

[] [] []
[] [] []
[] [] []

- 1 Is there a dispersal area of appropriate size and location for the system?
2 Is the dispersal area free from structures and compaction?
3 Does the dispersal area pond water or flood after rain?

Section 7a Notes

[] [] []
[] [] []
[] [] []

[] [] []
[] [] []

b. Surface Diversion

- 1 Is there a surface diversion upslope of the system?
2 Does the surface diversion adequately divert surface water around the onsite system?
3 Are gutters, downspouts, sump pump discharges, etc. directed away from the system?

Section 7b Notes

[] [] []
[] [] []
[] [] []
[] [] []

[] [] []
[] [] []

c. Subsurface Drainage

- 1 Is there subsurface drainage for the system?
If yes, what type(s) Perimeter Interceptor Segment
2 Minimum depth of subsurface drainage in.

Section 7c Notes

[] [] []
[] [] []

[] [] []
[] [] []

- 3 Is there aggregate backfill in the drain excavation to within 6" of the surface?
4 Is there aggregate backfill in the drain excavation to the surface of the ground?

[] [] []
[] [] []

[] [] []

- 5 Where does the drainage tile outlet?
Existing Tile Pond/Creek/Swale (to daylight)

[] [] []
[] [] []
[] [] []

[] [] []
[] [] []

- 6 If the tile outlets to daylight, is there a rodent guard in place?
7 Does the drain appear to be working properly?
8 Is the drainage outlet currently flowing water (if observable)?

Additional Notes

[] [] []
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[] [] []
[] [] []
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Key: UNK = Unknown N/A = Not Applicable CND = Could Not Determine

Section 8 Sampling / Testing Results (complete only if sampling or testing was done as a part of the system inspection)

a. Drinking Water test results

Where was sample collected? _____
Coliform Present / Not Present _____
E. coli _____ cfu/100mL
Nitrate/Nitrite _____ mg/L
Other - List contaminant tested for and result _____

b. Wastewater

E. coli _____ cfu/100mL Dissolved Oxygen _____ mg/L
TSS _____ mg/L pH _____
BOD _____ mg/L
Other _____

Where was sample collected? _____

c. Drainage outlet sample

Where was sample collected? _____
Coliform Present / Not Present _____
E. coli _____ cfu/100mL
Nitrate/Nitrite _____ mg/L
Other - List contaminant tested for and result _____

d. Surface water sample

Where was sample collected? _____
Coliform Present / Not Present _____
E. coli _____ cfu/100mL
Nitrate/Nitrite _____ mg/L
Other - List contaminant tested for and result _____

e. Other sampling results (list and provide results)

