

# AWT SUBSURFACE WASTEWATER SYSTEM INSPECTION REPORT

Date of Inspection		Inspector's Name		Certification Number
Permit Number		Date of Operation Permit		Advertised # of Bedrooms
Buyer		Address of Property		Current Owner
Tax Map	Parcel	Lot #	PIN	Water Source

**INSPECTION RESULTS:**

<u>COLLECTION/TANK SYSTEM:</u>	<u>YES</u> / <u>NO</u> / <u>NA</u>	<u>REMARKS</u>
Evidence of leaks?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Water level in tank: _____		
Tank risers accessible, free of infiltration and surface water diverted ?		
Inlet riser?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Type: _____		
Outlet riser?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Type: _____		
Estimated distance from soil surface to Top of tank: _____ inches		
Tank has baffle wall?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Outlet T is present/intact?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Roots present in tank?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Inlet pipe clear/unobstructed?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Outlet pipe clear/unobstructed?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Septic tank needs pumping?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Inches of solids: _____		
Date of last tank pumping known?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
If known, when: ____/____/____		
Estimated Distance From:		
House/Structure: _____ ft		
Well: _____ ft		
Water Line: _____ ft		
Property Line: _____ ft		
Septic tank filter cleaned?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	_____

**PRETREATMENT SYSTEM:**

<b>(Sand Filter or Peat Biofilter)</b>		
Certified operator required?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Filter surface maintained ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Evidence of ponding ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Filter effluent free of excess solids ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Peat modules free of damage, accessible, properly ventilated & free of insects ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Samples collected at this inspection ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	_____

**EFFLUENT DOSING SYSTEM:**

Required pumps present & functional ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
High water alarm operating properly ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Floats, valves, etc. in good condition ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Control panel & components in good condition ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Evidence of leaks ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Water level in tank: _____	
Tank riser accessible, free of infiltration and surface water diverted ?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Type: _____	
Roots present in tank?	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Estimated distance from soil surface to Top of tank: _____ inches	

Date of last tank pumping known?  /  /

If known, when: \_\_\_/\_\_\_/\_\_\_

Estimated Distance From:

House/Structure: \_\_\_ ft

Well: \_\_\_ ft

Water Line: \_\_\_ ft

Property Line: \_\_\_ ft

Septic Tank: \_\_\_ ft

Effluent free of excess solids ?  /  /

Inches of solids(pump/dose tank): \_\_\_\_\_

Elapsed time readings ? \_\_\_\_\_

Counter readings ? \_\_\_\_\_

**DISPOSAL FIELD:**

Evidence of effluent surfacing ?  /  /

Evidence of effluent ponding in trenches?  /  /

Surface water effectively diverted ?  /  /

Diversions/swales properly maintained ?  /  /

Vegetative cover maintained ?  /  /

Protected from traffic/unauthorized uses ?  /  /

Distribution devices in good condition ?  /  /

Field free of settled or low areas ?  /  /

Estimated Distance From:

House/Structure: \_\_\_ ft

Well: \_\_\_ ft

Water Line: \_\_\_ ft

Property Line: \_\_\_ ft

Septic Tank: \_\_\_ ft

**PRESSURE DISTRIBUTION SYSTEM:**

Certified operator required?  /  /

Turnups/cleanouts/valves intact & accessible ?  /  /

Laterals free of excess solids ?  /  /

Laterals flushed this inspection ?  /  /

Pressure heads properly adjusted ?  /  /  \_\_\_\_\_

**SYSTEM PERFORMANCE:**

Design Pressure Head (ft): \_\_\_\_\_ Adjusted Pressure Head (ft): \_\_\_\_\_

Design Delivery Rate (gpm): \_\_\_\_\_ Measured Delivery Rate (gpm): \_\_\_\_\_ % of Design: \_\_\_\_\_

Dosing Volume (gal.): \_\_\_\_\_

Note: Delivery Rate(gpm) = ( \_\_\_\_\_ inches drawdown \_\_\_\_\_ gallons/in) \_\_\_\_\_ minutes of run time

Dose Volume(gal.) = \_\_\_\_\_ inches between float on & float off \_\_\_\_\_ gallons/in.

“Client requesting this inspection has been advised that for a complete inspection to be performed, the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.” \_\_\_\_\_ See electronic registration form

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTORS TEL. NO. 859-0669 office