

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 Name: _____

Different from owner? yes no

Client Address:

Contact Method:

home tel. _____
work tel. _____
e-mail _____

CLIENT INFO

ONSITE SYSTEM LOCATION

Inspector Name: _____

Date: _____

ISSDS Address (including municipality):

New Jersey Coordinate: Block: _____ Lot: _____
Was GPS used? yes no

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):

Date file review requested with administrative authority: _____

Is there a site plan or septic map available? Yes No

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 gray water disposal system? () ()

Is the dwelling free of additional gray water 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: _____

Was file review completed prior to inspection? () ()

If no, explain why below

Comments: _____

| | | | | | | |
|-------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Treatment Tank: | | | | | <u>Yes</u> | <u>No</u> |
| Type of system being inspected? | | | | Main tank lid opened for inspection? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Septic tank <input type="checkbox"/> Cesspool <input type="checkbox"/> | | | | Liquid level below the tank's inlet invert? | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | | | | Liquid level below the tank's outlet invert? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Gray water <input type="checkbox"/> Multi-compartment: # _____ | | | | Treatment tank pumped for this inspection? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name the material of the system? | | | | Are all portions of the tank(s) clear of Structures like a deck or a driveway? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Concrete <input type="checkbox"/> Block | | | | Is the area clear of evidence that sewage has Surfaced above the treatment tank? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ | | | | Does water flow unimpeded from the Treatment tank? | <input type="checkbox"/> | <input type="checkbox"/> |
| Approximate Treatment Tank Volume: _____ gal. | | | | Is an effluent filter a part of the system? | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaluate the conditions of tank below: | | | | If yes, does it appear properly maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Satisfactory | Unsatisfactory | N/A | Are there any other types of accessory units Present? | <input type="checkbox"/> | <input type="checkbox"/> |
| Top and Lids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depth to top of tank: _____ inches | | |
| Inlet baffle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depth to top of tank access: _____ inches | | |
| Outlet baffle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Comments: _____ | | |
| 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"/> | _____ | | |

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? | () | () | () |
| 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: | <u>Satisfactory</u> | <u>Satisfactor y with Concerns</u> | <u>Unsatisfactory</u> | <u>Requires Additional Investigation</u> | <u>N/A</u> |
|------------------------------------------------|---------------------|--------------------------------------------|-----------------------|----------------------------------------------|------------|
| Condition of the treatment tank(s) | () | () | () | () | () |
| Condition of the conveyance and pump system(s) | () | () | () | () | () |
| Condition of the and 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 should be reported to the local administrative authority within 24 hours of the observation. Regardless of observations made, a copy of this report should 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 "The Company" to enter the above listed property for the purpose of performing a sub-surface sewage disposal system inspection. I authorize "The Company" to expose parts of the system if required, to determine location and condition. I understand that "The Company" 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 "The Company" to provide this form to all parties as required.

Customer signature: _____

Printed name: _____

Inspector's signature: _____

Printed name: _____

Disclaimer:

Based on today's observations and the information provided by the owner(s) or their agent, "The Company" submits this sub-surface sewage disposal system inspection form. The inspection is based on the current condition of the onsite sewage disposal system. "The Company" makes no representation that the system was designed, installed or meets N.J.A.C. 7:9A-1.1 et seq.. "The Company" 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 "The Company" to supervise or monitor the use and maintenance of the system, this form shall not be construed as a warranty by "The Company" that the system will function properly for any prospective buyer. "The Company" disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.

This form was developed as a cooperative effort of:
Pennsylvania/New Jersey Sewage Management Association;
Rutgers Cooperative Extension New Jersey Agricultural Experiment Station; and
The New Jersey Department of Environmental Protection Septic System Inspection Protocol Subcommittee