

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: _____ Different from owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Client Address: _____ _____ _____</p> <p>Contact Method: Home tel. _____ Work tel. _____ E-mail _____</p>	ONSITE SYSTEM LOCATION	<p>Inspector Name: _____</p> <p>Date: _____</p> <p>ISSDS Address (including municipality): _____ _____ _____</p> <p>New Jersey Coordinate: Block: _____ Lot: _____ Was GPS used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Preliminary Information:</p> <p>Weather: _____ Last Precipitation: _____ Age of System: _____ Type of Dwelling? <input type="checkbox"/> Residential Number of Bedrooms: _____ <input type="checkbox"/> 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: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Is there a site plan or septic map available?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>Is the dwelling currently being occupied?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="padding-left: 20px;">If so, how many occupants? _____</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">If no, date last occupied? _____</td> <td></td> <td></td> </tr> <tr> <td>If there is a washing machine, is it connected to a separate greywater disposal system?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>Is the dwelling free of additional greywater systems?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>Is the dwelling free of garbage disposal systems?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>Is the dwelling free of sump pump discharges to the system?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>Is the dwelling free of any historical sewage back ups into the structure?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td>Does all sewage enter the septic system and no type of sewage bypass exists?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td colspan="3">Septic Tank Pumping:</td> </tr> <tr> <td>Is the septic tank pumped regularly?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="padding-left: 20px;">Frequency: _____</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Date of Last Pumping: _____</td> <td></td> <td></td> </tr> <tr> <td>Was file review completed prior to inspection?</td> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="padding-left: 20px;">If no, explain why below.</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	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: _____			Was file review completed prior to inspection?	()	()	If no, explain why below.		
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Comments: _____

Sketch the approximate system location in this space provided:



Not to Scale

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>Satisfactory 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 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 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 "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.

Buyer's signature: _____ Printed name: _____

Seller's 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 on-site 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, occupancy changes, 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