

Sewage System Inspection Checklist/Report

For use with property sale, building remodel, refinance.

Property Address: _____

SEPTIC TANK	Tank gallons: <input type="checkbox"/> < 750 <input type="checkbox"/> 750-999 <input type="checkbox"/> 1000-1499 <input type="checkbox"/> 1500-1999 <input type="checkbox"/> 2000-2999 <input type="checkbox"/> >3000 <input type="checkbox"/> Unknown	
	Is the baffle in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is there an effluent filter?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Was filter cleaned and re-installed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Is septic tank in sound condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are access lids in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are there risers on the tank?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is access to the tank secure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are tree roots present?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Signs of heavy traffic over tank?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Any structure built over tank?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Tank pumped in last 60 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PUMP CHAMBER	Is a pump chamber present?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Was the pump observed while operating?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Is chamber and pump accessible for maintenance?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
DISPOSAL AREA	Type: <input type="checkbox"/> Bed <input type="checkbox"/> Trench <input type="checkbox"/> Drywell <input type="checkbox"/> Stoneless Chambers <input type="checkbox"/> Unknown	
	Approximate bottom area square footage: <input type="checkbox"/> < 300 <input type="checkbox"/> 300 <input type="checkbox"/> 450 <input type="checkbox"/> 600 <input type="checkbox"/> 750 <input type="checkbox"/> 900 <input type="checkbox"/> 1050 <input type="checkbox"/> 1200 <input type="checkbox"/> >1200 <input type="checkbox"/> Unknown	
	Is there a second disposal area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Approximate bottom area square footage: <input type="checkbox"/> < 300 <input type="checkbox"/> 300 <input type="checkbox"/> 450 <input type="checkbox"/> 600 <input type="checkbox"/> 750 <input type="checkbox"/> 900 <input type="checkbox"/> 1050 <input type="checkbox"/> 1200 <input type="checkbox"/> >1200 <input type="checkbox"/> Unknown	
	Did you auger into the disposal area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is standing water present in the drainfield stone?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Any signs of wastewater surfacing on the ground?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has wastewater backed up into the house?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Do drains run slow in the house?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Evidence of wastewater above the baffle in the tank?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is water level below the tank outlet without tank being pumped? (Appears to be leaking)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are tree roots present in drainfield?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Depth of cover on top of drainfield is equal or less than 24"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Signs of heavy traffic over drainfield?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any structure built over drainfield?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADVANCED TREATMENT	Does the system have advanced treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is the advanced treatment being used; not bypassed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Has the advanced treatment been recently maintained?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

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MISC.	Is all the sanitary waste connected to the sewage system?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Does laundry discharge to sewage system?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Does water softener discharge to sewage system?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
	Does sump crock discharge to sewage system?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PHOTOS TAKEN	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Pump Tank <input type="checkbox"/> Disposal Area <input type="checkbox"/> Advanced Treatment Components <input type="checkbox"/> Visible Evidence of Failure <input type="checkbox"/> Disposal Media	
COMMENTS		

AS-BUILT DRAWING

Provide measurements to all water wells and surface waters from all parts of sewage treatment system including: septic tanks, sewage disposal areas, drywells, sewer lines, refer to Sanitary Code.
 Provide distance from structure to septic tank, drainfield, and dimensions of drainfield.