

# Time of Transfer Sewage System Inspection Checklist/Report

Submit this form along with application and fee to CMDHD.

Property Address: \_\_\_\_\_

<b>SEPTIC TANK</b>	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
<b>PUMP CHAMBER</b>	Is a pump chamber present?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is pump operational?	<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
<b>DISPOSAL AREA</b>	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 wastewater below the tank baffle without tank being pumped?	<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 <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	
<b>ADVANCED TREATMENT</b>	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
	Is advanced treatment functioning as designed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>SITE CONDITIONS</b>	Soil is predominantly? <input type="checkbox"/> Sand <input type="checkbox"/> Fine Sand <input type="checkbox"/> Loamy Sand <input type="checkbox"/> Sandy Loam <input type="checkbox"/> Sandy Clay Loam <input type="checkbox"/> Clay Loam <input type="checkbox"/> Clay <input type="checkbox"/> Organic	

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	Depth water (inches) found in soil: <input type="checkbox"/> 0-12 <input type="checkbox"/> 13-24 <input type="checkbox"/> 25-36 <input type="checkbox"/> 37-48 <input type="checkbox"/> >48	
	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
	Do footing drains discharge to sewage system?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>MINIMUM REQUIRED PHOTOS</b>	<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	
<b>COMMENTS</b>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

## 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 CMDHD Sanitary Code.  
 Provide distance from structure to septic tank, drainfield, and dimensions of drainfield.