

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	Client Name: _____ Different from owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Client Address: _____ _____ _____ Contact Method: Home tel. _____ Work tel. _____ E-mail _____	ONSITE SYSTEM LOCATION	Inspector Name: _____ Date: _____ ISSDS Address (including municipality): _____ _____ _____ New Jersey Coordinate: Block: ____ Lot: ____ Was GPS used? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Preliminary Information: 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: _____	<table style="width: 100%;"> <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> <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> If so, how many occupants? _____</td> <td></td> <td></td> </tr> <tr> <td> 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 and ejector pumps?</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> Frequency: _____</td> <td></td> <td></td> </tr> <tr> <td> 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> If no, explain why below.</td> <td></td> <td></td> </tr> </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 and ejector pumps?	()	()	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: _____ _____ _____ _____

Treatment Tank: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Other <input type="checkbox"/> Greywater <input type="checkbox"/> Multi-Compartment: # _____ Name the material of the system? <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ Approximate treatment tank volume: _____ gal. Evaluate the conditions of tank below:				<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Main tank lid opened for inspection?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Liquid level below the tank's inlet invert?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Liquid level below the tank's outlet invert?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Treatment tank pumped for this inspection?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Are all portions of the tank(s) clear of structures like a deck or a driveway?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is the area clear of evidence that sewage has surfaced above the treatment tank?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Does water flow unimpeded from the treatment tank?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is an effluent filter a part of the system?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>If yes, does it appear properly maintained?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Are there any other types of accessory units present?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Depth to top of tank: _____ inches</td> <td></td> <td></td> </tr> <tr> <td>Depth to top of tank access: _____ inches</td> <td></td> <td></td> </tr> <tr> <td>Comments: _____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </tbody> </table>			Yes	No	Main tank lid opened for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	Liquid level below the tank's inlet invert?	<input type="checkbox"/>	<input type="checkbox"/>	Liquid level below the tank's outlet invert?	<input type="checkbox"/>	<input type="checkbox"/>	Treatment tank pumped for this inspection?	<input type="checkbox"/>	<input type="checkbox"/>	Are all portions of the tank(s) clear of structures like a deck or a driveway?	<input type="checkbox"/>	<input type="checkbox"/>	Is the area clear of evidence that sewage has surfaced above the treatment tank?	<input type="checkbox"/>	<input type="checkbox"/>	Does water flow unimpeded from the treatment tank?	<input type="checkbox"/>	<input type="checkbox"/>	Is an effluent filter a part of the system?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, does it appear properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any other types of accessory units present?	<input type="checkbox"/>	<input type="checkbox"/>	Depth to top of tank: _____ inches			Depth to top of tank access: _____ inches			Comments: _____			_____		
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Absorption Area: Name the type of the absorption system? <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal Trench <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Mounded <input type="checkbox"/> Other _____ Was the absorption system located? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain below. Are inspection ports present? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Were the inspection ports checked? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the area of the absorption system free of sewage odors? <input type="checkbox"/> Yes <input type="checkbox"/> No Does sewage flow from the treatment tank to the absorption system without flowing back? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the area above or near any of the system components free from visible signs of effluent or sewage? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the areas at or near the inlet invert of any absorption area component free of visible signs of sewage or effluent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are areas above or near system components free of lush vegetation? <input type="checkbox"/> Yes <input type="checkbox"/> No If exposed, is the distribution box in satisfactory condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pump operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the alarm(s) on the pump work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pump elevated above the tank floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the lid in satisfactory condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the tank in satisfactory condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the tank free of accumulated solids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the conveyance and pump system(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the absorption area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of any accessory components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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.

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