

## 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:

<b>CLIENT INFO</b>	<b>Client Name:</b> _____ Different from owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ONSITE SYSTEM LOCATION</b>	<b>Inspector Name:</b> _____  <b>Date:</b> _____  <b>ISSDS Address</b> (including municipality): _____ _____ _____
	<b>Client Address:</b> _____ _____ _____ _____		<b>Contact Method:</b> Home tel. _____ Work tel. _____ E-mail _____

		<u>Yes</u>	<u>No</u>
<b>Preliminary Information:</b>			
Weather: _____	Is there a site plan or septic map available?	( )	( )
Last Precipitation: _____	Is the dwelling currently being occupied?	( )	( )
Age of System: _____	If so, how many occupants? _____		
Type of Dwelling?	If no, date last occupied? _____		
<input type="checkbox"/> Residential    Number of Bedrooms: _____	If there is a washing machine, is it connected to a separate greywater disposal system?	( )	( )
<input type="checkbox"/> Non Residential Describe: _____	Is the dwelling free of additional greywater systems?	( )	( )
How many systems are being inspected? _____	Is the dwelling free of garbage disposal systems and ejector pumps?	( )	( )
List any commercial activities or high impact hobbies: _____ _____	Is the dwelling free of sump pump discharges to the system?	( )	( )
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): _____ _____ _____	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: _____		
Date file review requested with administrative authority: _____	Was file review completed prior to inspection?	( )	( )
	If no, explain why below.		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Treatment Tank:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Other <input type="checkbox"/> Greywater <input type="checkbox"/> Multi-Compartment:#_____				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: _____ _____	<b>Yes</b> <b>No</b>
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: _____ al.					
Evaluate the conditions of tank below:					
	Satisfactory	Unsatisfactory	N/A		
Top and Lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Inlet Baffle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outlet Baffle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		

  

<b>Absorption Area:</b> Name the type of the absorption system? <input type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal Trench   ( ) Chambers <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:



Not to Scale

**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"/>

<b>Summary:</b>	<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 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:

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**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