

CONNECTICUT RECOMMENDED MINIMUM
EXISTING SEPTIC SYSTEM
INSPECTION REPORT

DATE:

(1) **PROPERTY ADDRESS:**
Type of Dwelling or Use:

TOWN:

(2) **CLIENT INFORMATION:**

Client's Name:

Phone #:

Mailing Address: .

City/Town:

State:

ZIP:

(3) **INSPECTOR'S INFORMATION:**

Inspector's Name: Joseph S. Palermo

Company: A & A Systems Control, Inc.

366 Den Rd.

Stamford, CT 06903

Phone #: (203) 295-0276

This inspection report indicates the present condition of the private on-site subsurface sewage disposal system, based on recommended inspection procedures outlined in this report. The results of this inspection do not guarantee or warranty future performance. This inspection does not necessarily include every component of the system. At the discretion of the inspector, our procedure is to uncover and/or probe enough of the system to allow an assessment of its condition. This inspection report excludes and does not intend to cover components that are inaccessible (by reasonable hand digging) or are otherwise not observable. More in-depth inspections, including inspection cameras and/or excavation equipment are available but are more invasive and are normally not required to assess the general condition of the system. Please inquire if you are interested in a more detailed inspection.

(4) **RESULTS AND RECOMMENDATIONS** (Check applicable items):

- a. ☐ System functioned properly at time of inspection
- b. ☐ System functioning but not sized per current standards, no upgrade required
- c. ☐ System operating at capacity under current usage levels
- d. ☐ Plumbing leaks or wastewater routing problems in home
- e. ☐ Need for component replacement due to structural damage
- f. ☐ Further investigation of leaching system with machine digging is recommended
- g. ☐ Evidence of prior high liquid levels in system components
- h. ☐ Sewage overflow observed, repair required under permit of local health department
- i. ☐ * Soil testing recommended to determine expansion/repair area

COMMENTS AND RECOMMENDATIONS FOR ABOVE CHECKED ITEMS ON NEXT PAGE

*Soil Testing is always recommended, if changes in use are anticipated (ie... building additions)

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COMMENTS/RECOMMENDATIONS:

INSPECTION PROCEDURES

- (5) RECORDS AND DATA: (Obtain as much as practical prior to the actual inspection)
This information may be obtained through numerous sources, some of which is provided voluntarily, such as through the property owner. The inspector assumes no responsibility for the accuracy of information provided in this manner.
Attach copies of all available records and indicate the source of such records.

RECORDS (Indicate number of each)

NOTE: Lack of records or data on file does not necessarily indicate that the existing subsurface sewage disposal system is non-compliant with installation standards.

MAINTENANCE RECORDS

Last two septage pump out dates: _____ Source: _____.
Copies of Pump out Reports: Available ? _____ (Y/N) Source: _____.

LOCATION DRAWING – (AS BUILT)

Is a Location Drawing Available? _____ (Y/N) Source: _____.

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(6) GENERAL INFORMATION

Age of system: Tank: _____ Leaching system: : _____
Number of People Occupying Dwelling: Currently _____ Anticipated _____
If currently unoccupied how long has it been vacant? _____
Number of Bedrooms: _____
Water supply to building: _____ Well; _____ Comm. Well; _____ Public water supply

(7) WASTEWATER ROUTING

One Tank/One System _____ Two or more tanks/Systems _____
Separate Gray and Black Water Systems _____
Does more than one sewer line leave the foundation _____ (Y/N) (indicating possible two separate systems)
Is there an in home ejector pump? _____ (Y/N)
Water treatment system present? _____ (Y/N)
If Yes, does backwash discharge to septic system?: _____ (Y/N)
Is there a garbage disposal present? _____ (Y/N) If Yes, recommend cleaning tank more often.
Is there a sump pump present? _____ (Y/N)
If Yes, where discharged:
Does the washing machine discharge to the septic tank? _____ (Y/N) If No, DYE TEST may be necessary.
If discharge is to a separate drywell or separate leaching system, is it functional? _____ (Y/N) – If No, corrective action would be required.
Is there any indication that sewage bypasses the septic system? _____ (Y/N) If Yes, DYE TEST may be necessary.

NOTE: IF DYE TEST IS NECESSARY PERFORM IT PRIOR TO PUMPING THE TANK

(8) SEPTIC TANK EVALUATION

TYPE OF SEPTIC TANK: _____ Cesspool _____ Single Compartment
_____ Two Compartment _____ Multiple Tanks

CLEANOUT OF TANK ACCESSIBLE? _____ (Y/N) At what depth below grade? _____
*If greater than 12" a riser to within 12" is required by Public Health Code.

TANK CONSTRUCTION: _____ Concrete _____ Plastic _____ Fiberglass
_____ Metal _____ Other: _____

VOLUME OF TANK: _____ Gallons

TANK COMPONENTS

	PRESENT (Y/N)	TYPE COMP.	CONDITION (GOOD, FAIR, POOR)
General Tank			
Inlet Sewer Line			
Inlet Baffle			
Outlet Baffle			
Effluent Filter			
Compartment Wall			

Has there been any indication of previous higher than normal levels of septage in the tank? _____ (Y/N)

What is the actual distance between liquid level in tank and tank ceiling? _____

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Was a more in-depth investigation of the leaching system conducted? ____ (Y/N)
What were results?

Is there an expansion/repair area available? ____ Likely ____ Unlikely

Were there any conditions observed which could limit a repair? (wetland, ledge outcrops, streams, etc...)

(10) DIAGRAM OF S. TANK AND LEACHING SYSTEM LOCATION **(ties from permanent structures):**

INSPECTOR'S NAME: Joseph S. Palermo

SIGNATURE: _____

PROFESSION: Septic System Installer

LIC. #: 005511

DATE: _____

This form has been developed by the Connecticut Environmental Health Association with assistance from the State Department of Public Health, Local Sanitarians, Licensed Installers, CT Sewage Disposal Association, CT Association of Realtors and the Home Inspection Industry.

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If septic tank was pumped, did sewage flow back into the tank from the leaching fields? _____(Y/N)
(this may indicate either, the system is flooded or there is a blockage occurring in the distribution system)

What was the amount of solid build-up in the tank at the time of inspection:

_____Excessive _____Normal _____Light

Is the system served by a pump chamber? _____(Y/N)

If yes, give details:

Pump in working order, with alarm, manhole to grade:

(9) LEACHING SYSTEM EVALUATION

TYPE OF SYSTEM: _____Trenches _____Galleries _____Pits
 _____Bed _____Other, Type_____.

LEACHING AREA REQUIRED PER CURRENT STANDARDS (if perc. Test info. is avail.): _____ S.F.

EFFECTIVE LEACHING AREA PROVIDED (if as-built drawing is available): _____ S.F.

Distance between septic tank/leaching fields and potable water wells: _____ ft.

*INDICATE LOCATIONS AND DISTANCES ON DIAGRAM ON PAGE 5

Are there any structures or impermeable surfaces located over or near the leaching area? _____(Y/N)
Describe:

Were one or more of the following signs of system malfunction present?

_____SEPTIC ODORS
_____PONDING OR SEWAGE BREAKOUTS
_____LUSH GREEN GRASS OVER PARTS OF SYSTEM
_____ILLEGAL DISCHARGE

Does surface water, roof drains, or sump pump runoff drain onto the leaching area? _____(Y/N).

Were distribution boxes exposed? _____(Y/N) What was found?

Was the leaching system probed? _____(Y/N) What were results?

Were there any leaching galleries or pits opened to observe present or past effluent levels? _____(Y/N)
What was found?