



4720 State Hwy 30
Amsterdam, NY 12010
1-800-283-2941

Septic System Inspection Report

Inspection Conditions

Date Inspector

Temperature Tax Parcel Number

Weather

Can the inspection be fully completed under existing conditions? Yes No

If no, explain

System Layout

Distance from house to first system component	_____	N/A	_____
Distance from septic tank to nearest property line	_____	N/A	_____
Distance from leach system to nearest property line	_____	N/A	_____
Distance from property well to septic tank	_____	N/A	_____
Distance from property well to leach system	_____	N/A	_____
Distance from neighboring well to leach system	_____	N/A	_____
Distance from leachfield to surface water	_____	N/A	_____
Distance from leachfield to top of slope	_____	N/A	_____

Water-Using Appliances (Check all that apply)

_____ Washing Machine.....Discharge to _____
_____ Water Softener.....Discharge to _____
_____ Whirlpool bath.....Discharge to _____
_____ Hot Tub.....Discharge to _____
_____ Garbage disposal.....Discharge to _____

_____ Kitchen drains.....Discharge to _____
_____ Dishwasher.....Discharge to _____
_____ Bathroom fixtures....Discharge to _____
_____ Other (e.g. auxiliary sinks, showers, etc.)
Type _____.....Discharge to _____



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Additional Loading

Check any additional sources that are diverted to the septic system:

storm water
 sump pumps
 foundation drains
 roof runoff
 other (please describe): _____

System Components

Holding Tank yes no Capacity _____ gallons
 Watertight yes no unknown Outlet pipe yes no
 Cesspool yes no Capacity _____ gallons
 Septic Tank(s) yes no # of Tanks _____ Capacity _____ gallons
 Tank construction material(s)
 concrete metal plastic other (_____)
 Aerobic System yes no Type _____
 Manufacturer _____ Model _____
 Other System yes no Type _____
 Manufacturer _____ Model _____
 Distribution Box(es) yes no Material _____
 Drop box(es) yes no Number of boxes _____

Soil Absorption System

Type	# of Lines	Total Length, ft.	How Determined
<input type="checkbox"/> Trad. Leachfield	_____	_____	_____
<input type="checkbox"/> Leaching bed	_____	_____	_____
<input type="checkbox"/> Raised System	_____	_____	_____
<input type="checkbox"/> Sand Filter	_____	_____	_____
<input type="checkbox"/> Mound System	_____	_____	_____
<input type="checkbox"/> Cesspool(s)	Number _____		Approximate Size/Depth _____ / _____
<input type="checkbox"/> Other _____			

Surface Discharge yes no If yes, discharges to _____



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Observations

Yes	No	N/O (Not Observed)	Type/Condition/Comments
			Household Plumbing
			Are there any leaking fixtures and/or plumbing? _____
			Are all waste lines directed to the tank? _____
			Are there separate grey water or other waste lines? _____
			Are there any other interconnections to the system? (e.g. sump pump, softener, etc.) _____
			Is there a system vent? _____ If yes, on roof or ground _____
			Septic Tank
			Access riser? _____ If yes, depth to cover (inches) _____
			Depth below grade to top of tank (inches) _____
			Tank cover? _____
			Inlet baffle? _____
			Outlet baffle? _____
			Effluent filter? _____
			Liquid level at _____, above _____, or below discharge _____
			Number of tank compartments _____
			Visible Scum Layer? _____
			Main tank clean out? Size (inches) _____ Location _____
			Water tight tank? _____
			Cracked, Corroded or deformed tank? Describe below _____
			See or hear flow from inlet while all fixtures/appliances off? _____
		Describe	_____
			Evidence of a pipe or conveyance bypassing septic tank? _____
		Describe	_____



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Observations (cont.)

Yes	No	N/O (Not Observed)	Type/Condition/Comments
			Pump System
			Is there a dosing or pump tank? _____
			Is there an ejector or grinder pump? _____
			Does the pump(s) appear to be operating properly? _____
			Is there a high water alarm? _____
			Are both switch and alarm operable? _____
			Is there evidence of surface water entering chamber? _____
			Are there any obvious electrical short comings? _____
			Note: the inspector is not a certified electrical inspector
			Dosing Device
Siphon _____	Bell _____		Flout _____ Other: _____
			Does device appear to be functioning properly? _____
			Distribution Box(es) N/A
Number of outlets _____			Number in use _____
			Equal distribution to all outlets? _____
			Adjustable flow regulators? _____
			Evidence of liquid above outlet inverts? _____
			Baffle or other inlet device? _____
			Cracked, corroded or deformed? _____
			Drop Box(es)
Number of boxes _____			Number of outlets/box _____
			Outflow line invert above leach line invert? _____
			Evidence of liquid above outlet inverts? _____
			Cracked, corroded or deformed? _____

Observations (cont.)

Yes	No	N/O (Not Observed)	Type/Condition/Comments
			Aerator(s)
			Surface mount _____ Submersible _____
Location:	In tank _____	If so, which chamber _____	Secondary tank _____

			Soil Absorption System	N/A
_____	_____	_____	Obvious septic odor? _____	_____
_____	_____	_____	Evidence of seepage? _____	_____
_____	_____	_____	Any area of lush vegetation beyond leach system? _____	_____
_____	_____	_____	Impermeable surface or structure over part or all of leach system? _____	_____
_____	_____	_____	Extensive roots in or near subsurface system? _____	_____
_____	_____	_____	Evidence of heavy equipment on or driving over leach system? _____	_____
_____	_____	_____	Leach system probed for excessive moisture, odor and/or effluent? _____	_____
_____	_____	_____	Leach lines parallel with slope? _____	_____
_____	_____	_____	Sump pump/footer drains discharged onto or near system? _____	_____
_____	_____	_____	System diversion valve? If yes, frequency of alternation? _____	_____

Record general observations of surrounding topography

System Sketch

Separate plan or engineers drawing (if yes, attached at end)?

Yes

No



Inspection Findings

1. _____ System appears to have functioned adequately under past and present loading.
2. _____ Apparent structural damage was observed.
3. _____ Evidence of wastewater breakout was observed.
4. _____ Recommend upgrade, expansion, and/or replacement of one or more components for health and safety issue.
5. _____ Due to weather conditions, lack of information provided, and/or inaccessibility to all system components, the inspection results are incomplete.

Comments/Evaluation:

Important Notice

**This inspection is not intended to provide a pass/fail evaluation of the system.
However, it is recommended that any above-noted items be addressed.**

This inspection report indicates the present condition of the system based on OTN inspection procedures, but is in no way a guarantee or warranty of future performance. The report excludes components that are concealed or otherwise not observable.

Date Registration #:

Inspector's signature