



## SYSTEM INSPECTION *FINDINGS WORKSHEET*

### Individual Residential Wastewater Treatment System

*Complete one worksheet for each wastewater treatment system on the property.  
Provide property/system sketch (sheet 5), and attach plan(s) of system(s), if available.*

Inspection Conditions \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_  
 Tax parcel number \_\_\_\_\_ Temperature: \_\_\_\_\_ °F  
 Weather \_\_\_\_\_  
 Can the inspection be fully completed under existing conditions? \_\_\_\_ yes \_\_\_\_ no,  
 because \_\_\_\_\_

#### System Layout

Distance from house to first system component ( \_\_\_\_\_ ), is \_\_\_\_\_ ft.  
 Distance from septic tank to nearest property line is \_\_\_\_\_ ft.  
 Distance from leach system to nearest property line is \_\_\_\_\_ ft.  
 Distance from property well to septic tank is \_\_\_\_\_ ft, or N/A (Not Applicable) \_\_\_\_\_.  
 Distance from property well to leach system is \_\_\_\_\_ ft, or N/A \_\_\_\_\_.  
 Distance from neighboring well to leach system is \_\_\_\_\_ ft, N/A \_\_\_\_\_.  
 Distance from leach system to surface water is \_\_\_\_\_ ft, or N/A \_\_\_\_\_.  
 Distance from leach system to top of slope is \_\_\_\_\_ ft, or N/A \_\_\_\_\_.

#### Additional Water Well Information (if applicable)

Depth of water in well (Check one)  
 Aquifer enters water well > 50 feet below grade \_\_\_\_\_  
 Aquifer enters water well < 50 feet below grade \_\_\_\_\_  
 Date of installation of:  
 Well(s) \_\_\_\_\_  
 Septic tank \_\_\_\_\_  
 Leach system \_\_\_\_\_

#### 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	

### SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

➤	Other (auxiliary sinks, Showers, etc.)	Discharge to	
➤		Discharge to	

#### 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; overflow pipe? ☐ yes    ☐ no

**Septic tank (s)?**    ☐ yes            ☐ no            Number of tanks \_\_\_\_\_  
 Tank construction material(s):  
☐ concrete    ☐ metal    ☐ plastic    ☐ other ( \_\_\_\_\_ )

**Aerobic system?**    ☐ yes            ☐ no            Type: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_                      Model: \_\_\_\_\_

**Other system?**    ☐ yes            ☐ no            Type: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_                      Model: \_\_\_\_\_

**Distribution box?**    ☐ yes            ☐ no            Material: \_\_\_\_\_

**Drop boxes?**            ☐ yes            ☐ no            Number of boxes: \_\_\_\_\_

#### **Soil absorption system**

<i>Type</i>	<i># of lines</i>	<i>total length, ft</i>	<i>how determined</i>
<input type="checkbox"/> Trad. leach field	_____	_____	_____
<input type="checkbox"/> Leaching bed	_____	_____	_____
<input type="checkbox"/> Raised system	_____	_____	_____
<input type="checkbox"/> Sand filter	_____	_____	_____
<input type="checkbox"/> Mound system	_____	_____	_____
<input type="checkbox"/> Seepage pit (s)	- number: _____ - Approximate size/depth: _____ / _____		
<input type="checkbox"/> Other _____	_____		

**Surface discharge?**    ☐ no            ☐ yes, there is discharge to: \_\_\_\_\_

#### Observations

Yes    No    N/O\*

(\*Not Observed)

Type/Condition/Comments

## Household plumbing

*Yes*    *No*    *N/O\**

Type/Condition/Comments

<b>Pump system</b>	N/A
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**\*Note: the inspector is not a certified electrical inspector\***

<b>Distribution Box</b>	N/A
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\_\_\_\_\_ Number outlets: \_\_\_\_\_; Number in use: \_\_\_\_\_.

\_\_\_\_\_ Equal distribution to all outlets? \_\_\_\_\_

\_\_\_\_\_ Adjustable flow regulators? \_\_\_\_\_

\_\_\_\_\_ Evidence of liquid above outlet inverts? \_\_\_\_\_

## SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

☐ ☐ ☐ Baffle or other inlet device? \_\_\_\_\_  
☐ ☐ ☐ Cracked, corroded or deformed? \_\_\_\_\_

**Yes**   **No**   **N/O\***   Type/Condition/Comments  
 (\*Not Observed)

### Drop Boxes \_\_\_\_\_ N/A

☐ ☐ ☐ Number outlets/box: \_\_\_\_\_  
☐ ☐ ☐ Outflow line invert above leach line invert (s)? \_\_\_\_\_  
☐ ☐ ☐ Evidence of liquid above outlet inverts? \_\_\_\_\_  
☐ ☐ ☐ Cracked, corroded or deformed? \_\_\_\_\_

### 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:

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### System Sketch

- On the next page, sketch the onsite wastewater treatment system to an approximate scale (or verify on and attach existing plan).
- Outline the approximate shape of the house, indicate front (F), back (B), and compass orientation (N).
- Show the location of all system components and their orientation relative to the house and other reference points (e.g. wells, embankments, rock outcrops, roads, fences, other buildings, surface water, etc.).
- Triangulate to indicate manhole (main access) of septic tank and distribution box.
- Show relative grades around and within system area (direction and approximate slope).

Separate plan attached?   ☐ yes   ☐ no

**SYSTEM INSPECTION *FINDINGS WORKSHEET* (cont.)**

**System Sketch**

**Must be filled in or attach a separate sketch of site plan**

**SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)**  
**Check all that apply, and provide explanation for *each* checked item in the**  
**“Comments/Evaluation” section below:**

1. ☐ System appears to have functioned adequately under past and present loading. There can be no assurance or guarantee of future performance for any period of time. Numerous factors, such as household water usage, leaking toilets, soil characteristics, and seasonal groundwater table fluctuation, as well as owner failure to manage and maintain the system, will affect its performance.
2. ☐ System/components indicate unacceptable operation or performance.
  - 2.a. ☐ Absence of treatment tank or other critical component(s)  
(e.g. d-box, pump chamber, baffles)
  - 2.b. ☐ Apparent structural damage.
  - 2.c. ☐ Evidence of wastewater breakout or direct discharge.
  - 2.d. ☐ Evidence of prolonged high liquid level in dispersal area.
  - 2.e. ☐ Failed dye test.
  - 2.f. ☐ Other
3. ☐ Due to weather conditions, lack of information provided, and/or inaccessibility to all system components, the inspection results are incomplete.
4. ☐ System appears undersized, or has undersized components per current standards for new construction since February 3, 2010.
5. ☐ Recommend upgrade, expansion, and/or replacement of one or more components.

**Comments/Evaluation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*IMPORTANT \*\***

- The OTN System Inspection *Site Report* excludes components that are concealed or otherwise not observable.
- The **Inspection Findings** address the present condition of the system but in no way guarantee or warranty future performance.

**Date:** \_\_\_\_\_ **Inspector Registration number:** OTN-\_\_\_\_\_

**Inspector's signature:** \_\_\_\_\_